

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2010-0513-02	REGULATORY ACTION NUMBER 2010-0903-055	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

AGENCY WITH RULEMAKING AUTHORITY
California Department of Social Services

For use by Secretary of State only

FILED

In the office of the Secretary of State
of the State of California

OCT 11 2010

At 4:33 O'Clock P M.
DEBRA BOWEN, Secretary of StateBy [Signature]
Deputy Secretary of StateAGENCY FILE NUMBER (if any)
ORD #0310-03

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed ☐ Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2010-0903-055	PUBLICATION DATE 5-28-2010

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Certified Family Homes Regulations	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND Section 88030
	REPEAL
TITLE(S) 22/MPP	

3. TYPE OF FILING

☒ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))		☐ Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

N/A

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

☒ Effective 30th day after filing with Secretary of State	☐ Effective on filing with Secretary of State	☐ §100 Changes Without Regulatory Effect	☐ Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify) _____		

7. CONTACT PERSON Zaid Dominguez, Manager, Office of Regulations	TELEPHONE NUMBER (916) 657-2586	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) Zaid.Dominguez@dss.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <u>[Signature]</u>	DATE 8/23/2010
TYPED NAME AND TITLE OF SIGNATORY Robert L. Garcia, Chief Deputy Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

OCT 11 2010

Office of Administrative Law

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09) (REVERSE)

INSTRUCTIONS FOR PUBLICATION OF NOTICE AND SUBMISSION OF REGULATIONS

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code §11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations
Gov. Code - Government Code
SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Amend Section 88030(f) to read:

88030 IDENTIFICATION OF CERTIFIED FAMILY HOMES (Continued) 88030

- (f) Certified family homes shall conform to the regulations for "~~General Licensing Requirements," Chapter 1, commencing with Section 80000; and "Small Family Homes," Chapter 4, commencing with Section 83000, excluding Sections 83010.1(a)(2), 83032, 83068.1, 83066(b) and (c), 83068.2, 83068.3, 83069.1(a)(5)(A) and 83070.1(d)~~ "Foster Family Homes," Chapter 9.5, commencing with Section 89200.

Authority cited: Sections 1501 and 1530, Health and Safety Code.

Reference: Sections 1502, 1506, 1530 and 1530.5, Health and Safety Code; and Section 51, Civil Code.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2010-*0614-01	REGULATORY ACTION NUMBER 2010-1115-01C	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY

California Department of Social Services

AGENCY FILE NUMBER (If any)

FILED

In the office of the Secretary of State
of the State of California

DEC 22 2010

At 2:12 O'Clock P M
DEBRA BOWEN, Secretary of StateBy *[Signature]*
Deputy Secretary of State

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed ☐ Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 200, 262	PUBLICATION DATE 6-25-2010

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) ABX 4 4 60-Month Time Limit Clock Exemption 2010-0602-01 EFP		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) <i>per agency DMC 12-21-2010</i>	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT AMEND 42-712, 42-713, 42-302 REPEAL		
TITLE(S) MPP			
3. TYPE OF FILING			
☐ Regular Rulemaking (Gov. Code §11346) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☐ Emergency (Gov. Code, §11346.1(b)) ☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☐ File & Print ☐ Other (Specify) _____ ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) ☐ Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) September 23, 2010 to October 8, 2010			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) ☐ Effective 30th day after filing with Secretary of State ☒ Effective on filing with Secretary of State ☐ §100 Changes Without Regulatory Effect ☐ Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY ☒ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal ☐ Other (Specify) _____			
7. CONTACT PERSON Zaid Dominguez, Manager	TELEPHONE NUMBER (916) 657-2586	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) zaid.dominguez@dss.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

John A. Wagner, Director

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

DEC 22 2010

Office of Administrative Law

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09) (REVERSE)

INSTRUCTIONS FOR PUBLICATION OF NOTICE AND SUBMISSION OF REGULATIONS

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for re adoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations
Gov. Code - Government Code
SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Amend Section 42-302 to read:

42-302 60-MONTH TIME LIMIT REQUIREMENTS FOR ADULTS 42-302

.2 Counting the 60-Month Limit (Continued)

.21 Exempt Months Any month in which any of the following conditions exist for any period during the month shall not count toward the 60-month limit as specified:

(a) (Continued)

(b) Providing Care The individual is exempt from welfare-to-work participation requirements due to:

(1) (Continued)

(2) (Continued)

(3) Being the parent or other relative who has primary responsibility for personally providing care to one child who is from 12 to 23 months of age, inclusive, or two or more children who are under six years of age. This paragraph is effective July 28, 2009 and shall become inoperative on July 1, 2011.
(Continued)

(k) Lack of Necessary Supportive Services The individual is excused from participation for good cause due to lack of necessary supportive services, as specified in Section 42-713.21. This paragraph is effective July 28, 2009 and shall become inoperative on July 1, 2011.

Authority Cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11266.5, 11320, 11320.3, 11454, 11454(e) and (e)(5), 11454.5, 11454.5(b) and (b)(4) and (5), and 11495.1, Welfare and Institutions Code; Section 37 of AB 444 (Chapter 1022, Statutes of 2002); and 42 U.S.C. 608(a)(7)(a), (B) and (D).

Amend Section 42-712 to read:

42-712 EXEMPTIONS FROM WELFARE-TO-WORK PARTICIPATION 42-712

.4 Individuals who meet any of the criteria specified in Sections 42-712.41 through 41-712.49 are exempt from participating in welfare-to-work activities as a condition of eligibility for cash aid under CalWORKs for so long as the condition(s) described in such sections exist. (Continued)

.47 Exemption Based on the Care of a Child (Continued)

.474 The parent or other relative who has primary responsibility for personally providing care to one child who is from 12 to 23 months of age, inclusive, or two or more children who are under six years of age is exempt from welfare-to-work participation. This paragraph is effective July 28, 2009 and shall become inoperative on July 1, 2011. (Continued)

.6 Any month in which an individual is exempt from welfare-to-work activities based on the following exemption criteria shall not be taken into consideration as a month of receipt of aid in computing the 60-month time limit described in Section 42-302. Other exemptions from the 60-month time limit are listed in Section 42-302. (Continued)

.64 Being responsible for personally providing care to a child or children of a specific age, as described in Section 42.712.474. This paragraph is effective July 28, 2009 and shall become inoperative on July 1, 2011. (Continued)

Authority Cited: Sections 10553, 10554, 10604, and 11369, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10063(b), 11253.5, 11320, 11320.3, 11331.5(a), (b), (c), and (d), 11454, and 11454.5, Welfare and Institutions Code; and 42 U.S.C. 5044(f)(2).

Amend Section 42-713 to read:

42-713 GOOD CAUSE FOR NOT PARTICIPATING

42-713

- .4 An individual who is excused from welfare-to-work participation for good cause is subject to the 60-month time limit in Section 42-302. (Continued)
- .43 Effective July 28, 2009, any month in which an individual is excused from participation for good cause due to lack of supportive services, as specified in Section 42-713.21, shall not be counted toward the 60-month time limit. This paragraph shall become inoperative on July 1, 2011.

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11320.3(b) and (f), 11323.2, 11325.23(c), 11454, 11454.5, 11495, and 11495.1, Welfare and Institutions Code; 42 U.S.C. 607(e)(2); and 45 CFR 261.15.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2010-1220-01N	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

 AGENCY WITH RULEMAKING AUTHORITY
 California Department of Social Services

 AGENCY FILE NUMBER (if any)
 ORD#111008

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed ☐ Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) CACI Grievance Procedures Section 100		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
TITLE(S) TITLE 22/MPP		AMEND 31-021	
		REPEAL	
3. TYPE OF FILING			
☐ Regular Rulemaking (Gov. Code §11346) ☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☒ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)			
☐ Resubmission of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☐ Resubmission of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☐ File & Print ☐ Print Only			
☐ Emergency (Gov. Code, §11346.1(b)) ☐ Other (Specify) _____			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
☐ Effective 30th day after filing with Secretary of State ☐ Effective on filing with Secretary of State ☒ §100 Changes Without Regulatory Effect ☐ Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
☐ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal			
☐ Other (Specify) _____			
7. CONTACT PERSON Zaid Dominguez		TELEPHONE NUMBER 916-657-2586	FAX NUMBER (Optional) 916-654-3286 E-MAIL ADDRESS (Optional) ORD@dss.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

ROBERT GARCIA, CHIEF DEPUTY DIRECTOR

12/20/2010

In the office of the Secretary of State of the State of California

JAN 31 2011

 At 2:08 O'Clock P M.
 DEBRA BOWEN, Secretary of State
 By *[Signature]*
 Deputy Secretary of State

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JAN 31 2011

Office of Administrative Law

Amend Section 31-021 to read:

31-021 CHILD ABUSE CENTRAL INDEX (CACI) GRIEVANCE
PROCEDURES

31-021

.6 (Continued)

.61 (Continued)

.62 (Continued)

.621 The county and the complainant shall make available for inspection all records and evidence related to the original referral that prompted the CACI listing, except for information that is otherwise made confidential by law, at least ten (10) business days prior to the hearing.

(a) (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Gomez v. Saenz Settlement Agreement and Court Order, Case No: BC284896; Sections 11165.12, 11166(g) and 11167, Penal Code and Sections 827, 10850, and 16503, Welfare and Institutions Code.

REGULAR**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

(See instructions on reverse)

For use by Secretary of State only

**ORIGINAL
FILED**

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2010-0813-02	REGULATORY ACTION NUMBER 2011-0107-01S	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY
California Department of Social Services

AGENCY FILE NUMBER (if any)
ORD #0610-05

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2010, 352	PUBLICATION DATE 8-27-2010

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Electronic Benefit Transfer Regulation Changes	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND Sections 16-015, 16-120, and 16-601
	REPEAL 16-315
TITLE(S) MPP	

3. TYPE OF FILING

☒ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))	☐ Other (Specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

November 3 - 19, 2010

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

☒ Effective 30th day after filing with Secretary of State	☐ Effective on filing with Secretary of State	☐ §100 Changes Without Regulatory Effect	☐ Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify) _____		

7. CONTACT PERSON Zaid Dominguez, Manager, Office of Regulations	TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) Zaid.Dominguez@dss.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

John A. Wagner, Director

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED**FEB 15 2011****Office of Administrative Law**

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code §11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READoption

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations
Gov. Code - Government Code
SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Amend Handbook Section 16-015.1 to read:

16-015 EBT SECURITY

16-015

HANDBOOK BEGINS HERE

- .1 It is recommended that all users, other than cardholders, of the EBT system and other connected systems address security and privacy requirements in the following areas:
(Continued)
 - (i) ~~Food stamp coupon conversion~~
 - (j i) Status the EBT card (i.e., deactivate card)
 - (k j) Recipient account inquiry (including real-time balance by program)
- .2 Security policies should be implemented and updated on a regular basis prior to implementation of the EBT system.

HANDBOOK ENDS HERE

Authority cited: Sections 10077, 10553, 10554, 18904, and 18904.1, Welfare and Institutions Code.

Reference: Sections 10065, 10069, and 10077, Welfare and Institutions Code; 7 CFR 274.12(a), (f)(1), and (i)(3); 7 U.S.C. 2016(f)(3)(C).

Amend Section 16-120 to read:

16-120 ACCOUNT AGING AND EXPUNGEMENT

16-120

- .1 An EBT account aging status may be inactive, dormant, or expunged.
 - .11 Inactive Account Status are accounts for which no debit activity by the cardholder have been posted for 45 135 days.
 - .111 The CWD shall receive a monthly report to identify accounts to which no debits have been posted for 45 135 days.
 - .112 Upon receiving the 45 135-day report or when the CWD becomes aware that no debit activity has occurred for 45 135 days, the recipient shall be notified that after a total of 90 180 days of inactivity the benefits will become inaccessible, and how the recipient can reaccess the benefits.
 - .12 Dormant Account Status are accounts for which no debit activity by the cardholder have been posted for 90 180 days.
 - .121 The CWD shall receive a monthly report to identify accounts on which no debits have been posted for 45—89 135 - 179 days. When no debits have been posted on an account for 90 180 days, the recipient must contact the CWD in order to access the account benefits or upon reapplication. (Continued)
 - .13 Expunged Status – After the benefits have been available for a total of 270 365 days or more, with no debit activity, those benefits shall be expunged from the EBT host. The CWD will receive reports indicating benefits expunged and the benefit balance remaining at the time of expungement. (Continued)
- ~~.2 Any remaining food stamp benefits in the recipient's food stamp account shall be expunged if the household fails to spend the benefits within one week after conversion of food stamp electronic benefits to food stamp coupons, pursuant to Section 16-315, Food Stamp Benefit Conversion.~~

Authority cited: Sections 10077, 10553, 10554, and 18904, ~~and 18904.1~~, Welfare and Institutions Code.

Reference: Sections 10065, 10069, and 10077, Welfare and Institutions Code; 7 CFR 274.12(a), (g)(6)(vi), and (g)(7); FNS Letter to EBT Coordinators FS 9-5-1/EBT GEN, dated September 28, 1998; ~~California Approved Waiver Request #980070 and #980071 for 7 CFR 274.12(f)(7) and (f)(7)(i) [subsequently renumbered to 7 CFR 274.12(g)(7) and (g)(7)(i)]; and Preamble, Federal Register, Vol. 57, No. 63, April 1, 1992; and 7 U.S.C. 2016(h)(12).~~

Repeal Section 16-315 to read:

16-315 FOOD STAMP BENEFIT CONVERSION

16-315

- ~~1 At the recipient's request, the CWD shall convert food stamp electronic benefits to food stamp coupons when the food stamp household is relocating to a state that is not interoperable and where electronic benefits are not portable from the household's current state of residence or the household leaves an EBT project area.~~
- ~~2 The CWD shall allow benefits in an EBT account to be converted to food stamp coupons for short term absences from the EBT project area for family emergencies or similar isolated occurrences.~~
- ~~3 The CWD shall develop procedures for conversion that do not conflict with mailing restrictions regarding ATP or other authorization documents.~~
- ~~4 The CWD shall have the option of storing and converting food stamp coupons or having the EBT Contractor store and mail the food stamp coupons to the requesting recipient.~~
- ~~.41 The conversion of food stamp EBT benefits to coupons must occur within the following time frames:~~
 - ~~.411 If food stamp coupons are stored at local agency locations, then the recipient shall receive benefits converted to food stamp coupons within one business day following the recipient's request.~~
 - ~~.412 If the coupons are stored at a central location, or mailed by the EBT Contractor, the recipient must receive the coupons within three business days following the request.~~
- ~~5 EBT food stamp benefits remaining in an account shall be rounded down to the nearest dollar amount suitable for coupon issuance.~~
- ~~6 The household shall be required to spend any remaining balance that cannot be converted to food stamp coupons.~~
- ~~.61 When a recipient fails to spend the remaining benefits within one week after conversion occurs, the food stamp benefits shall be expunged from the recipient's EBT account as specified in Section 16-120.~~
 - ~~.611 The CWD shall report the adjustment to FNS as specified in Section 16-120, Account Aging.~~
- ~~7 A limit on the number of times a household converts to food stamp coupons shall not be imposed on households.~~

- ~~.8 The CWD shall prohibit conversions to food stamp coupons solely for purposes of shopping outside the EBT project area.~~
- ~~.9 Splitting food stamp benefits between food stamp coupons and food stamp electronic benefits at the time of issuance shall not be permitted.~~

Authority cited: Sections 10077, 10553, 10554, 18904, and 18904.1, Welfare and Institutions Code.

Reference: Sections 10065, 10069, 10077, Welfare and Institutions Code; and 7 CFR 274.12(a) and (g)(6).

Amend Section 16-601.6(w) to read:

16-601 CARDHOLDER TRAINING (Continued)

16-601

.6 At a minimum, cardholder training shall include the following areas:

- (w) Use of the ARU and EBT client website, e.g., to obtain transaction history
(Continued)

Authority cited: Sections 10077, 10553, 10554, and 18904, ~~and 18904.1~~, Welfare and Institutions Code.

Reference: Sections 10065, 10069, 10072(h), and 10077, Welfare and Institutions Code; and 7 CFR 274.12(a), (f)(1)(v), and (g)(10); and California Approved Waiver Request #980090 for 7 CFR 274.12(f)(10)(ii) [subsequently renumbered to 7 CFR 274.12(g)(10)(ii)].

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW
NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by

REGULAR

STD. 400 (REV. 01-09)

OAL FILE NUMBER Z-2010-0915-02	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER 2011-0422-04 S	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
RECEIVED FOR FILING PUBLICATION DATE SEP 15 '10 OCT 01 '10		2011 APR 22 AM 10:47 OFFICE OF ADMINISTRATIVE LAW	
Office of Administrative Law			
NOTICE		REGULATIONS	

AGENCY WITH RULEMAKING AUTHORITY
California Department of Social ServicesAGENCY FILE NUMBER (if any)
ORD# 0210-02

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE Social Worker Visits		TITLE(S) MPP	FIRST SECTION AFFECTED 31-002	2. REQUESTED PUBLICATION DATE October 1, 2010
3. NOTICE TYPE ☒ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON Kenneth Jennings	TELEPHONE NUMBER (916) 657-2586	FAX NUMBER (Optional) (916) 654-3286
OAL USE ONLY ☒	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2010, 402	PUBLICATION DATE 10-1-2010

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Social Worker Visits		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (including title 26, if toxics related)		
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT AMEND 31-002, 31-003, 31-075, 31-206, 31-320, 31-505, 31-510 REPEAL	
TITLE(S) MPP		

3. TYPE OF FILING			
☒ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1(b))	☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))		☐ Other (Specify)	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

15-day rennotice beginning February 18, 2011, and ending March 4, 2011.

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
☒ Effective 30th day after filing with Secretary of State	☐ Effective on filing with Secretary of State	☐ 5100 Changes Without Regulatory Effect	☐ Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY		
☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify)		

7. CONTACT PERSON Zaid Dominguez	TELEPHONE NUMBER (916) 657-2586	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE John A. Wagner, Director	DATE 4/18/11
--	-----------------

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUN 02 2011

Office of Administrative Law

General Requirements

Amend Section 31-002(v) to read:

Post Hearing: Amend Section 31-002(v) to read:

31-002 DEFINITIONS (Continued)

31-002

(v) (1) "Visit" means a face-to-face contact between:

- (A) ~~A social worker or other person authorized by the Division 31 regulations to make visits with the child, the child's family, and/or the out of home care provider; or~~
~~As authorized by MPP 31-320, a social worker, probation officer, foster family agency social worker, or caseworker in another State under the ICPC who has case management responsibilities for the child, the child's family, and/or the out of home care provider; or~~
A child, the child's family, and/or the child's out-of-home care provider, individually or collectively; and, as authorized by MPP 31-320, a social worker, probation officer, foster family agency social worker, or caseworker in another state (who has case management responsibilities for the child under the ICPC); or

(B) (Continued)

Authority Cited: Sections 10553, 10554, and 10850.4, Welfare and Institutions Code and Assembly Bill 1695, Section 21.

Reference: Sections 300, 300(c), 300(e), 306(b), 309(d), 319, 319(f), 727, 11402, and 16507.5(b) (as amended by AB 1695, Chapter 653, Statutes of 2001), 361, 361.2, 361.2(h), 361.3, 361.3(a)(8), ~~361.4(a)(3)(A), (b), and (c)~~, 362.7, 366.22, 366.3(e)(4) and (e)(8), 391, 636.1(c), 706.6(o), 727, 727.2, 4094, 4094.5, 4094.6, 4094.7, 5585.58, 5600.3, 10553, 10554, 10850.4, 11100, 11105, ~~11108.15~~, 11155.5, 11400(a), 11402, 11404, 11467.1, 16001.5, 16001.9, 16010, ~~16012~~, and 16501, 16501(a)(3), ~~16501.1(e)(9)~~, 16501.1(f)(7), 16503, 16504, 16506, 16506(c), 16507.5(b), 16516.5, 16520, 16521, 17736, and 18951(d), Welfare and Institutions Code; Section 11165 et seq., Penal Code; Section 265, Civil Code; 42 U.S.C. Section 675; Sections 1502, 1502(a)(8), ~~1505.2 (as added by Assembly Bill 1544, Chapter 793, Statutes of 1997)~~, 1522, 1522.06, and 1530.8, Health and Safety Code; ~~45 CFR 233.120~~; 42 U.S.C. 675(5); Sections 7002, 7901, 7911, 7911.1, and 7912, Family Code; Public Law 105-89 (Adoption and Safe Families Act of 1977), and Rule 5.552 of the California Rules of Court.

Amend Section 31-075.3 to read:

31-075 CASE RECORDS (Continued)

31-075

.3 (Continued)

- (b) Documentation of all contacts with the child, family, or other individuals regarding the child or family. All contacts shall be documented including those made by a social worker employed by a Foster Family Agency, by a probation officer, or by a social worker in another State performing the visit pursuant to the ICPC.

(c) (Continued)

Authority Cited: Sections 10553, 10554, 16002, and 16501, Welfare and Institutions Code and Assembly Bill 1695, Section 21.

Reference: Sections 319, 361.3, 361.5, and 366.21 (as amended by Assembly Bill 1544, Chapter 793, Statutes of 1997), 366.26(c), 16002, 16501, ~~and 16501.1(e)(8), and (e)(9) (as added by Assembly Bill 1544, Chapter 793, Statutes of 1997),~~ and Sections 309(d), 319, 361.2, 727, 11402, and 16507.5(b), (as amended by Assembly Bill 1695, Chapter 653, Statutes of 2001), Welfare and Institutions Code; 45 CFR 1356.21(d); and Section 11170(b), Penal Code.

Assessment and Case Plan

Amend Section 31-206.24 to read:

31-206 CASE PLAN DOCUMENTATION (Continued) 31-206

.2 (Continued)

.24 (Continued)

.241 (Continued)

~~.242 The social worker shall document in the case plan the justification for exceptions to visit or contact requirements that are approved by the court or county deputy director pursuant to Sections 31-320.6 and 31-325.4.~~

.3 (Continued)

Authority Cited: Sections 10553, 10554, and 16501.1, Welfare and Institutions Code; and Section 17552, Family Code; and Public Law 109-288.

Reference: Sections 358.1(e), 361, 361(b), 361.5, 4094, 4094.5, 4094.6, 4094.7, 5585.58, 5600.3, 16002, 16501, 16501.1(e), and 16507, Welfare and Institutions Code; 42 U.S.C. Sections 675(1) and 677; Sections 7901, 7911, 7911.1, 7912, and 17552, Family Code; and Sections 1502 and 1502(a)(8), Health and Safety Code; and Public Law 109-288.

Service Delivery

Amend Section 31-320 to read:

Post Hearing: Amend Section 31-320 to read:

31-320 SOCIAL WORKER/PROBATION OFFICER CONTACTS 31-320
WITH CHILD

.1 (Continued)

HANDBOOK BEGINS HERE

~~.11 The purpose of social worker contact with the child is to achieve the following objectives:~~

~~.111 Verify the location of the child, monitor the safety of the child, assess the child's wellbeing, and assist the child in preserving and maintaining religious and ethnic identity.~~

~~.112 Gather information to assess the effectiveness of services provided to meet the child's needs, to monitor the child's progress, and to meet identified goals.~~

~~.113 Establish and maintain a helping relationship between social worker and child to provide continuity and stability point for the child.~~

~~.114 Solicit the child's input on his/her future. Inform the child as to current and future placement plans and progress, and discuss these plans and progress with the child.~~

HANDBOOK ENDS HERE

.2 (Continued)

.3 (Continued)

.4 The majority of visits with the child in each calendar year shall take place in the child's foster home/placement.

.41 Whenever possible and practicable, the social worker shall visit the child alone and in a quiet and private setting.

.5 The purpose of social worker contact with the child is to assess the safety and well being of the child and to achieve the following objectives:

.51 Verify the location of the child.

.52 Monitor the child's physical, emotional, social, and educational development.

- .53 To the extent possible, engage and involve the child and the caregiver in the development of the case plan.
- .54 Gather information about the child to identify needed services to be included in the case plan and monitor the effectiveness of those services provided to meet the child's needs.
- .55 Ensure the child is able to maintain a relationship with siblings, relatives, and adults who are important to the child.
- .56 Assist the child in preserving and maintaining religious and ethnic identity.
- .57 Establish and maintain a helping relationship between social worker and child to provide continuity and a stability point for the child.
- .58 Solicit the child's input on his/her future and to inform the child as to current and future placement plans and progress, and discuss these plans and progress with the child.
- .59 Evaluate and assess the child's educational needs and progress and the potential need for special educational services such as an Individual Education Plan.

.46 (Continued)

.461 (Continued)

.4611 The social worker shall be permitted to have less frequent visits, up to a minimum of no less than necessary to ensure the safety and well being of the child as specified in ~~31-320.3~~ 31-320.5. In no case shall the visits be less frequent than once every three six calendar months, only if all of the provided the following criteria are met and documented in the case plan, and written supervisory approval has been obtained:

(a) (Continued)

(b) The child has been in the same placement for at least six months and the social worker has determined that the placement is stable.

(c) Subsequent to development of the case plan, and prior to any exception, the child has been visited in three of the most recent four consecutive months.

The child is visited once each calendar month by social worker staff of a foster family agency provided they meet the minimum qualifications at Title 22, Section 88065.3 and are providing services pursuant to a case plan. A written placement agreement shall be required between the foster family agency and the county and documented in the case record.

~~(d) The case record documents the existence of at least one of the following circumstances:~~

~~(1) The child is placed with a relative.~~

~~(2) The child is placed with a foster parent who has provided continuous care for the child for a minimum of 12 months.~~

~~(3) The child is placed voluntarily and the parent(s)/guardian(s) identified in the case plan is making visits at least monthly.~~

~~(4) The child is under two years of age and less frequent social worker-child visits would facilitate reunification by permitting more frequent social worker-parent/guardian visits.~~

~~(5) The child is visited monthly by one or more of the following service providers providing services pursuant to the case plan; and there is a verbal or written agreement, documented in the case record, that such service providers will provide contact reports to the social worker:~~

~~(A) Other social services staff of the county.~~

~~(B) Staff of another services agency.~~

~~(C) A physician or other health professional.~~

~~(6) The child is not placed in a group home or community treatment facility.~~

~~(ed) The social worker shall ensure that verbal or at least one written reports of a visit at least one month visit are is received each calendar month and documented in the CWS/CMS case record.~~

~~.412 The social worker shall be permitted to have less frequent visits, up to a minimum of once every six consecutive calendar months, if the child is receiving permanent placement services and one of the following criteria is met and written supervisory approval has been obtained:~~

~~(a) The dependent child has been placed with a legal guardian, or foster family home and all of the following conditions have been met:~~

~~(1) The child has been in the placement for at least six consecutive months.~~

~~(2) The child has no serious emotional problems caused or aggravated by the placement situation, and the social worker has determined that the placement has stabilized.~~

~~(3) The out-of-home care provider is cooperative in carrying out the case plan.~~

~~(4) The child is attending school, day treatment, or a licensed day care facility regularly or is being assisted to achieve self-maintenance as specified in a written transitional independent living plan.~~

~~(b) The child has been placed with a relative and the conditions specified in Sections 31-320.412(a)(1) through (3) have been met.~~

~~(c) The child is visited monthly by one or more of the following service providers providing services pursuant to the case plan and there is a verbal or written agreement, documented in the case record, that such service providers will provide contact reports to the social worker:~~

~~(1) Other social services staff of the county.~~

~~(2) Staff of another services agency.~~

~~(3) A physician or other health professional.~~

~~(d) The social worker shall ensure that verbal or written reports are received and documented in the case record.~~

~~.413612~~ (Continued)

~~.414613~~ (Continued)

~~.57~~ The minimum visitation requirements for all services by the county social worker/probation officer are not applicable under the following circumstances:

~~.571~~ The child has an approved case plan, and is a dependent or ward of the court and either:

~~.52~~ The child is a dependent of the court, and

.53711 The child's whereabouts are unknown and the court has been informed. The county social worker/probation officer must attempt to locate the child and document those attempts in the case record. The social worker must confirm and document in the child's case record that the child's whereabouts are unknown once every 30 days from the date the child's whereabouts became unknown of the initial discovery, or

.54712 (Continued)

~~.6—Additional exceptions to the visitation requirement up to a minimum of once every six calendar months shall be permitted, for placements other than a group home or community treatment facility, only in the following circumstances:~~

~~.61—For court supervised cases, court approval of a specific visitation plan.~~

~~.62—For voluntary cases, county deputy director approval of a specific visitation plan.~~

~~.7—Repealed by Manual Letter No. CWS 94-01, effective 4/8/94.~~

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 42 U.S.C. Sections 675 and 677; Sections 4094, 4094.5, 4094.6, 4094.7, 5585.58, 5600.3, 10553, 11008.15, 11155.5, 16501(a), 16501.1(b), (d), and (f)(4), 16504, and 16516.5, Welfare and Institutions Code; Sections 7901, 7911 and 7911.1, Family Code; and Sections 1502 and 1502(a)(8), Health and Safety Code.

Special Requirements

Amend Section 31-505 to read:

31-505 OUT-OF-COUNTY PLACEMENTS

31-505

.1 Out-of-county placements shall be subject to the provisions of Welfare and Institutions Code Sections 361.2(~~ef~~) and (~~dg~~).

.11 (Continued) HANDBOOK

.12 (Continued)

.123 (Continued)

(a) (Continued)

(i) These responsibilities include, but are not limited to, complying with monthly visitation requirements as specified in 31-320.

(b) The receiving county shall provide ~~periodic~~ quarterly written reports to the sending county on the child's condition and progress in order to facilitate required case plan updates. The quarterly written reports shall also document all social worker visits conducted with the child.

(c) (Continued)

(d) (Continued)

(e) The receiving county shall document all social worker visits with the child in the CWS/CMS system on a monthly basis.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 361.2(c) and (d), Welfare and Institutions Code.

Amend Section 31-510 to read:

Post Hearing: Amend Section 31-510 to read:

31-510 INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN 31-510
(ICPC) (Continued)

.39 As specified in 31-075.3(b), the California sending agency shall document all visits in CWS/CMS reported and made to a California child by caseworkers in the receiving state performing visits pursuant to the ICPC.

.4 (Continued)

.434 (Continued)

~~(b) The receiving state agency shall provide written reports to the sending state agency on the child's condition and progress to facilitate required case plan updates in accordance with Section 31-320.414. The receiving state shall include in its written report all visits by the receiving state's caseworker with the child.~~

.435 (Continued) HANDBOOK

.49 As specified in 31-075.3(b), the California sending agency shall document in CWS/CMS all visits made to a child by the California agency to the out-of-state group home pursuant to Welfare and Institutions Code, Section 16501.1(f)(4) and MPP 31-320.613.

.5 (Continued)

.9 The California receiving agency shall be responsible for complying with the visit requirements as specified in applicable provisions of the ICPC for all out-of-state children placed in California pursuant to the ICPC.

.91 The California receiving agency shall provide the sending state with written supervision reports in compliance with the ICPC.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 7900, 7901, 7906, 7911, 7911.1, and 7912, Family Code and Sections 361.2(c), 361.2(d), 361.21, 727.1, 16501.1(f)(4), and 16516.5, Welfare and Institutions Code, Association of Administrators of the Interstate Compact on the Placement of Children Regulation No. 11.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2011-0713-01N	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

AGENCY WITH RULEMAKING AUTHORITY
California Department of Social Services

AGENCY FILE NUMBER (If any)
ORD #0611-04

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Cross reference correction		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
TITLE(S) MPP		AMEND 63-402.226	
		REPEAL	
3. TYPE OF FILING			
☐ Regular Rulemaking (Gov. Code §11346) ☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☒ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4) ☐ File & Print ☐ Print Only ☐ Emergency (Gov. Code, §11346.1(b)) ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☐ Other (Specify) _____			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
☐ Effective 30th day after filing with Secretary of State ☐ Effective on filing with Secretary of State ☒ §100 Changes Without Regulatory Effect ☐ Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
☐ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal ☐ Other (Specify) _____			
7. CONTACT PERSON Zaid Dominguez, Manager, Office of Regulations		TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional) (916) 654-3286
		E-MAIL ADDRESS (Optional) Zaid.Dominguez@dss.ca.gov	

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

TYPED NAME AND TITLE OF SIGNATORY
Pete Cervinka, Program Deputy Director for Benefits & Services

DATE
7/11/11

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUL 28 2011

Office of Administrative Law

ORIGINAL
FILED

For use by Secretary of State only

In the office of the Secretary of State
of the State of California

JUL 28 2011

At 1:25 O'Clock P M
DEBRA BOWEN, Secretary of StateBy 
Deputy Secretary of State

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09) (REVERSE)

INSTRUCTIONS FOR PUBLICATION OF NOTICE AND SUBMISSION OF REGULATIONS

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for re adoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations
Gov. Code - Government Code
SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Amend Section 63-402.226 to read:

63-402 HOUSEHOLD CONCEPT (Continued)

63-402

.2 Nonhousehold and Excluded Household Members (Continued)

.22 Excluded Household Members (Continued)

.226 SSI/SSP Recipients

No person receiving Supplemental Security Income/ State Supplementary Program (SSI/SSP) payments is eligible to receive food stamp benefits. Under the provisions of PL 95.458:5; 1) most California SSI/SSP recipients receive as part of their SSI/SSP benefit a cash amount in lieu of food stamp benefits; 2) all SSI/SSP recipients in California are ineligible to receive food stamps. A person must actually receive, not merely have applied for, SSI/SSP benefits to be determined ineligible for the Food Stamp Program. If the CWD provides payments at least equal to the level of SSI/SSP benefits to persons who have been determined eligible for SSI/SSP awaiting receipt of SSI/SSP benefits, receipt of these substitute payments will terminate Food Stamp Program eligibility. Once receiving SSI/SSP benefits, the person will remain ineligible for food stamp benefits until actually terminated from the SSI/SSP Program; periods of nonreceipt or suspension of SSI/SSP payments do not restore food stamp eligibility. (Continued)

Authority cited: Sections 10554, 18901.3, and 18904, Welfare and Institutions Code.

Reference: Sections 10554, 11251.3, 11486.5, 18901.3, and 18904, Welfare and Institutions Code; 7 Code of Federal Regulations (CFR) 273.1(a)(1) through (a)(2)(ii) through (b)(2)(iii), (c), (c)(1) and (6), (d)(1) and (2), (e)(1), and (g); 7 CFR 273.2(j)(4); 7 CFR 273.9(b)(2)(ii); 7 CFR 273.10(c)(1)(i); 7 CFR 273.11, .11(b)(1) and (f); 7 CFR 274.5; and 7 CFR 274.10; Public Law (P.L.) 100-77, Section 802; P.L. 103-66; USDA Food and Nutrition Service (FNS), Administrative Notice (AN) 89-65; AN 94-39; AN 98-43; USDA FNS Policy Memo 89-11 and 89-12; 7 U.S.C. 2015(d)(1), P.L. 104-193, Sections 115, 803, 815, and 821 (Personal Responsibility and Work Opportunity Reconciliation Act of 1996); and the Balanced Budget Act of 1977 (Sections 5516 and 5518).

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2011-0511-01	REGULATORY ACTION NUMBER 2011-0825-01 S	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2011 AUG 25 AM 8:50

OFFICE OF
ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

California Department of Social Services

AGENCY FILE NUMBER (If any)

ORD# 0311-01

ORIGINAL

For use by Secretary of State only

FILED

In the office of the Secretary of State
of the State of California

SEP 29 2011

At 2:26 O'Clock P M.
DEBRA BOWEN, Secretary of StateBy *Shirley Stinson*
Deputy Secretary of State

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)		FIRST SECTION AFFECTED		2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER		FAX NUMBER (Optional)	
OAL USE ONLY		ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2011, 212		PUBLICATION DATE 5/27/2011	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) SB 1214 Crisis Nurseries	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
--	--

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 86500, 86501
	REPEAL
TITLE(S) Title 22/MPP	

3. TYPE OF FILING

☒ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))	☐ Other (Specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

N/A

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

☒ Effective 30th day after filing with Secretary of State	☐ Effective on filing with Secretary of State	☐ §100 Changes Without Regulatory Effect	☐ Effective other (Specify) _____
---	--	---	--

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify) _____		

7. CONTACT PERSON Zaid Dominguez, Manager	TELEPHONE NUMBER (916) 657-2586	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) zaid.dominguez@dss.ca.gov
--	------------------------------------	---	--

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Will Lightbourne

DATE

8/15/11

TYPED NAME AND TITLE OF SIGNATORY

Will Lightbourne, Director

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

SEP 29 2011

Office of Administrative Law

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for re adoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations

Gov. Code - Government Code

SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Amend Section 86500(c) to read:

86500 GENERAL

86500

(a) (Continued)

(c) The provisions of Chapter 7.3 shall remain in effect until ~~July 1, 2011~~ January 1, 2014, unless a statute is enacted before ~~July 1, 2011~~ January 1, 2014, which deletes or extends that date.

Authority Cited: Section 1516 (k) and 1530, Health and Safety Code.

Reference: Sections 1501, 1502, and 1516, Health and Safety Code.

Amend Section 86501(v)(1) to read:

86501 DEFINITIONS

86501

(a) (Continued)

- (v) (1) ~~"Voluntary Pplacement," notwithstanding Welfare and Institutions Code Section 11400(o), means a child, who is not receiving Aid to Families with Dependent Children-Foster Care (AFDC-FC), placed by a parent or legal guardian who retains physical custody of, and remains responsible for, the care of his or her children who are placed for temporary emergency care means a child who meets the requirements of Health and Safety Code Section 1516(c).~~

HANDBOOK BEGINS HERE

Health and Safety Code section 1516 provides in part:

- (c) "Voluntary placement," for purposes of this section, means a child, who is not receiving Aid to Families with Dependent Children-Foster Care, placed by a parent or legal guardian who retains physical custody of, and remains responsible for, the care of his or her children who are placed for temporary emergency care, as described in subdivision (a). Voluntary placement does not include placement of a child who has been removed from the care and custody of his or her parent or legal guardian and placed in foster care by a child welfare services agency.

HANDBOOK ENDS HERE

(2) (Continued)

Authority Cited: Sections 1516 and 1530, Health and Safety Code.

Reference: Sections 297, Family Code; Sections 1501, 1502, 1503, 1503.5, 1511, 1516, 1520, 1522, 1525, 1526, 1526.8, 1531, 1533, 1534, 1536.1, 1538, and 1538.5, Health and Safety Code; and Section 11400 and 17710 Welfare and Institutions Code.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

STD. 400 (REV. 01-09)

OAL FILE
NUMBERS

NOTICE FILE NUMBER

Z-

REGULATORY ACTION NUMBER

2011-0915-DIN

EMERGENCY NUMBER

For use by Office of Administrative Law (OAL) only

2011 SEP 15 AM 11:31

OFFICE OF
ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

California Department of Social Services

ORIGINAL
For use by Secretary of State only

FILED

In the office of the Secretary of State
of the State of California

OCT 24 2011

At 1:58 O'Clock P.M.
DEBRA BOWEN, Secretary of StateBy *Shirley Stinson*
Deputy Secretary of State

AGENCY FILE NUMBER (If any)

ORD#0811-06

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Adoption Assistance Program payments as exempt income, Section 100	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
--	--

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 44-111.61
	REPEAL
TITLE(S) MPP	

3. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☒ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))		☐ Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

☐ Effective 30th day after filing with Secretary of State	☐ Effective on filing with Secretary of State	☒ §100 Changes Without Regulatory Effect	☐ Effective other (Specify) _____
--	--	--	--

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☐ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify) _____		

7. CONTACT PERSON

Zaid Dominguez, Manager

TELEPHONE NUMBER

(916) 651-8267

FAX NUMBER (Optional)

(916) 654-3286

E-MAIL ADDRESS (Optional)

Zaid.Dominguez@dss.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Will Lightbourne

DATE

9/14/11

TYPED NAME AND TITLE OF SIGNATORY

Will Lightbourne, Director

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

OCT 24 2011

Office of Administrative Law

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code §11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for re adoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations
Gov. Code - Government Code
SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Amend Section 44-111.61 to read:

44-111 PAYMENTS EXCLUDED OR EXEMPT FROM CONSIDERATION 44-111
AS INCOME (Continued)

- .6 Other income which is mandatory and specifically exempt by federal law and shall be exempt from the effective date as specified in federal law.

.61 (Continued)

n. Payments received from any federal, state, or local Adoption Assistance Program.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11008.15, 11265.2, 11280, 11322.6(f)(3), 11157 (Ch. 439, Stats. of 2002), 11450.5, 11450.12, 11451.5, and 11451.7 Welfare and Institutions Code; 42 USC Section 602(g)(1)(E)(i); Section 8, Public Law 93-134; Section 2, Public Law 98-64; Section 13736, Public Law 103-66; Section 1, Public Law 100-286, Section 202(a), Public Law 100-485 and 20 USC 1087uu; 45 CFR 233.20(a)(3)(iv)(B), (a)(3)(xxi), 45 CFR 233.20(a)(4)(ii); (a)(4)(ii)(d); 45 CFR 233.20(a)(4)(ii)(p) and (q); 45 CFR 233.20(a)(11)(v)(C); 45 CFR 255.3(f)(1); 45 CFR 400.66; 45 CFR 401.12; Federal Action Transmittals ACF-AT-94-27 and 94-4 and FSA-IM-89-1; 45 CFR 233.20(a)(1)(ii) and 45 CFR 233.20(a)(3)(x) and *Cadaret v. Wagner* (Super. Ct. Sacramento County, 2011, No. 34-2009-80000302, Stipulation for Settlement and Order).

NONSUBSTANTIVE

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

ORIGINAL
For use by Secretary of State only**FILED**In the office of the Secretary of State
of the State of California

OCT 31 2011

At 3:07 O'Clock P M.
DEBRA BOWEN, Secretary of StateBy *[Signature]*
Deputy Secretary of State

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2011-0927-03N	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only		2011 SEP 27 PM 2:05 OFFICE OF ADMINISTRATIVE LAW	
NOTICE		REGULATIONS	

AGENCY WITH RULEMAKING AUTHORITY
California Department of Social ServicesAGENCY FILE NUMBER (If any)
ORD #0911-07**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)	
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Section 31-502.42 Editorial Correction		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT AMEND Section 31-502.42 REPEAL	
TITLE(S) MPP			
3. TYPE OF FILING			
☐ Regular Rulemaking (Gov. Code §11346) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☐ Emergency (Gov. Code, §11346.1(b)) ☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☐ File & Print ☐ Other (Specify) _____ ☒ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) ☐ Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) ☐ Effective 30th day after filing with Secretary of State ☐ Effective on filing with Secretary of State ☒ §100 Changes Without Regulatory Effect ☐ Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY ☐ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal ☐ Other (Specify) _____			
7. CONTACT PERSON Zaid Dominguez, Manager, Office of Regulations		TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional) (916) 654-3286 E-MAIL ADDRESS (Optional) Zaid.Dominguez@dss.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE
[Signature]
TYPED NAME AND TITLE OF SIGNATORY
WILL LIGHTBOURNE, DirectorDATE
9/26/11

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

OCT 31 2011

Office of Administrative Law

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09) (REVERSE)

INSTRUCTIONS FOR PUBLICATION OF NOTICE AND SUBMISSION OF REGULATIONS

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code §11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations
Gov. Code - Government Code
SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Amend Section 31-502.42 to read:

31-502 CHILD FATALITY REPORTING AND DISCLOSURE REQUIREMENTS 31-502
(Continued)

.4 The county shall redact information that is privileged, confidential, or not subject to disclosure prior to public release. (Continued)

.42 After consultation with ~~law enforcement~~ or the District Attorney, if the release of specific information would jeopardize a criminal investigation or proceeding, that information shall be redacted prior to release. (Continued)

Authority cited: Sections 10553, 10554, and 10850.4, Welfare and Institutions Code.

Reference: Penal Code Sections 11165.12, 11166, and 11169; 42 USC 5106; 45 CFR 1340.15(b), and Sections 827, 4903, and 10850.4, Welfare and Institutions Code.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2010-1221-03	REGULATORY ACTION NUMBER 2011-0929-DLS	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2011 SEP 29 PM 12:04

OFFICE OF
ADMINISTRATIVE LAW

NOTICE

REGULATIONS

 AGENCY WITH RULEMAKING AUTHORITY
 California Department of Social Services

 AGENCY FILE NUMBER (If any)
 ORD #0710-06

ORIGINAL

For use by Secretary of State only

FILED

In the office of the Secretary of State
of the State of California

NOV 10 2011

At 1:09 O'Clock P M.
DEBRA BOWEN, Secretary of StateBy [Signature]
Deputy Secretary of State

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2010, 532	PUBLICATION DATE 12/31/2010

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Adoption Assistance Program (AAP) Regulation Revisions	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
--	--

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND
	REPEAL
TITLE(S) Title 22 / MPP	See attached

3. TYPE OF FILING

☒ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))	☐ Other (Specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

August 11 - 26, 2011

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

☒ Effective 30th day after filing with Secretary of State	☐ Effective on filing with Secretary of State	☐ §100 Changes Without Regulatory Effect	☐ Effective other (Specify) _____
---	--	---	--

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify) _____		

7. CONTACT PERSON Zaid Dominguez, Manager, Office of Regulations	TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) Zaid.Dominguez@dss.ca.gov
---	------------------------------------	---	--

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <u>[Signature]</u>	DATE <u>9/28/11</u>
TYPED NAME AND TITLE OF SIGNATORY WILL LIGHTBOURNE, Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

NOV 10 2011

Office of Administrative Law

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for re adoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations
Gov. Code - Government Code
SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Notice of Publication/Regulation Submission, STD. 400
California Department of Social Services
Adoption Assistance Program (AAP) Regulation Revisions, ORD #0710-06
Section B.2. Specify California Code of Regulations Title(s) and Section(s)

Amend Sections:

California Code of Regulations, Title 22, Division 2:

Sections 35000, 35001, 35325, 35326, 35329, 35331, 35333, 35334, 35337, 35339, 35341, 35343, 35344, 35345, 35351, 35352, 35352.1, and 35352.2

Manual of Policies and Procedures, Division 45:

Sections 45-801, 45-802, 45-803, 45-804, 45-805, 45-806, and 45-807

Repeal Sections:

California Code of Regulations, Title 22, Division 2:

Sections 35327, 35347 and 35352.3

Amend Section 35000(r)(3) to read:

35000 DEFINITIONS (Continued)

35000

(r) (31) "~~Recertification~~ Reassessment" means the process by which the agency and the adoptive parent determine whether there are any changes in either the child's needs or the adoptive parent's circumstances which affect ~~eligibility for and/or~~ duration of and/or amount of adoption assistance payments.

(12) "Receiving Agency in the Independent Adoptions Program" (Continued)

(23) "Receiving Agency in the Relinquishment Adoptions Program" (Continued)

Authority cited: Sections 10553, 10554, and 16118, Welfare and Institutions Code; Section 1530, Health and Safety Code; and Sections 8608, 8621, and 8901, Family Code.

Reference: Sections 10800, 16000, 16100, 16115, 16118, 16119, 16120, 16120.1 and 16121, Welfare and Institutions Code; Sections 3014, 6500, 7002, 7601, 7602, 7610, 7611, 7612, 7660, 7661, 7662, 7663, 7664, 7665, 7666, 7669, 7802, 7807, 7808, 7820, 7821, 7822, 7823, 7824, 7825, 7826, 7827, 7828, 7829, 7890, 7892, 7893, 8502, 8503, 8506, 8509, 8512, 8515, 8518, 8521, 8524, 8527, 8530, 8533, 8539, 8542, 8545, 8600, 8706, 8714, 8714.7, 8801(b), 8802, 8817, 8909, and 9202, Family Code; Section 1502, Health and Safety Code; Sections 1502(a)(9) and (10), and 13290, Government Code; 8 USC 1101(b)(1)(F); 25 USC 1901, 1903(2), (3), (4), (5), (6), (8), (9), (11), and (12); 42 USC 673 and 675; Section 11105(a)(2), Penal Code; and 28 CFR Section 16.31; and 45 CFR 1356.41(i).

Post-Hearing Modification: Amend Section 35001 to read:

35001 DEFINITIONS - FORMS

35001

The following forms, which are incorporated by reference, apply to the regulations in Title 22, Division 2, Subdivision 4, Chapter 3 (Adoption Program Regulations).

- (a) (1) "AAP 1" (~~6/01~~ 9/09) means the form entitled, "Request for Adoption Assistance Program Benefit."
- (2) "AAP 2" (~~3/97~~ 7/11) means the form entitled, "Payment Instructions - Adoption Assistance Program."
- (3) "AAP 3" (~~6/01~~ 7/11) means the form entitled, "Reassessment Information - Adoption Assistance Program."
- (4) "AAP 4" (~~7/97~~ 11/11) means the form entitled, "Eligibility Certification - Adoption Assistance Program."
- (5) "AAP 6" (11/11) means the form entitled, "Adoption Assistance Program - Negotiated Benefit Amount and Approval and Form Instructions."
- (6) "AAP 8" (11/11) means the form entitled, "Adoption Assistance Program - Nonrecurring Adoption Expenses Agreement."

Current Sections 35001(a)(5) through (a)(84) are renumbered to (a)(7) through (a)(86) respectively.

(~~857~~) "AD 4320" (~~4/01~~ 11/11) means the form entitled, "Adoption Assistance Program Agreement." (Continued)

Current Sections 35001(a)(86) and (87) are renumbered to (a)(88) and (89) respectively.
(Continued)

- (f) (8) "FC 8" (~~6/94~~ 7/11) means the form entitled, "Federal Eligibility Certification for Adoption Assistance Program." (Continued)
- (10) "FC 10" (~~12/88~~ 8/09) means the form entitled, "Income and Property Checklist for Federal Eligibility Determination - Adoption Assistance Program." (Continued)

Authority cited: Sections 10553, 10554, 16118, and 16120 Welfare and Institutions Code; and Section 8621, Family Code.

Reference: Sections 16105, 16118, and 16120.05, Welfare and Institutions Code; Sections 8500 et seq., 8600 et seq., 8700 et seq., 8800 et seq., 8900 et seq., 9100 et seq., and 9200 et seq., Family Code.

Amend Section 35325 to read:

Post-hearing: Amend Sections 35325 to read:

35325 REQUEST FOR ADOPTION ASSISTANCE (Continued)

35325

- (c) ~~The public agency responsible for determining AAP eligibility and initial and subsequent payments shall be:~~

The responsible public agency refers to the department or licensed county adoption agency responsible for determining a child's AAP eligibility and initial and subsequent payment amounts. The income maintenance division of each county welfare department is responsible for federal eligibility determination and payment of AAP benefits.

- (1) ~~The Department or the licensed county adoption agency responsible for the child or,~~

- (21) ~~If the child is the responsibility of a licensed private adoption agency, the Department or licensed county adoption agency providing agency adoption services in the county that would provide adoption assistance benefits on behalf of the child.~~

If the child has been voluntarily relinquished for adoption to a California licensed public or private adoption agency and placed with a California prospective adoptive family, the financially responsible county shall be the county in which the relinquishing parent resides. The prospective adoptive parents shall submit the completed AAP 1 and supporting documentation to the responsible public agency representing their county of residence.

- (A) ~~If the child has been voluntarily relinquished for adoption to a licensed private adoption agency, the financially responsible county shall be the county in which the parent who has physical custody of the child resides at the time the relinquishment document is signed.~~

- (BA) (Continued)

- (2) If a child is relinquished to a private adoption agency in another state and placed with a prospective adoptive family in California, the prospective adoptive family's county of residence is financially responsible. The prospective adoptive parents shall submit the completed AAP 1 and supporting documentation to the responsible public agency representing their county of residence.

- (3) If a child is relinquished to a private adoption agency in California and placed with a prospective adoptive family in another state, the public child welfare agency in the adoptive parents' state of residence is responsible for determining the child's eligibility and for all AAP payments.

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- (d) ~~The county responsible for providing AAP financial aid and for determining the child's Federal eligibility status is specified by Welfare and Institutions Code Section 16118(e).~~

- (1) ~~Welfare and Institutions Code Section 16118(e) states:~~

~~"For purposes of this chapter, the county responsible for determining the child's Adoption Assistance Program eligibility status and for providing financial aid in the amount determined in Sections 16120 and 16120.1 shall be the county that at the time of the adoptive placement would otherwise be responsible for making a payment pursuant to Section 11450 under the CalWORKs program or Section 11461 under the Aid to Families with Dependent Children Foster Care program if the child were not adopted. When the child has been voluntarily relinquished for adoption prior to a determination of eligibility for such a payment, the responsible county shall be the county in which the relinquishing parent resides. The responsible county for all other eligible children shall be the county where the child is physically residing prior to placement with the adoptive family."~~

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- (d) ~~[Manual of Policy and Procedure]~~

- (d) (2) ~~Once established, the county of responsibility shall remain unchanged for the duration of adoption assistance payments for that child.~~

- (e) ~~The responsible public agency shall determine whether the child meets the eligibility requirements as specified in Section 35326. (Continued)~~

- (3) ~~If the responsible public agency determines that the child is eligible for AAP benefits, the agency shall:~~

- (A) ~~Submit the Federal Eligibility Certification for Adoption Assistance Program form (FC 8) to the county responsible for payment.~~

1. ~~The child's name prior to adoption (birth name) shall be used on the FC 8.~~

2. ~~The child's adoptive name shall not be used on the FC 8.~~

- (B) ~~Apply for Supplemental Security Income (SSI) benefits on the child's behalf prior to the completion of an AD 4320 if:~~

1. ~~The FC 8 returned by the county responsible for payment indicates that the child is not eligible for the Federal AAP and;~~

2. ~~The child appears potentially eligible for the SSI program.~~

- (C) ~~Determine the initial amount and duration of payment as specified in Section 35333.~~
1. ~~If another agency assessed the prospective adoptive family as specified in Sections 35180 through 35183.1 and/or a private adoption agency is responsible for the child, these agencies shall be consulted before the amount and duration of payment is determined.~~
- (D) ~~Complete an Adoption Assistance Program Agreement (AD 4320) as specified in Section 35337.~~
1. ~~The AD 4320 shall be signed by the responsible public agency and the adopting parent(s) prior to the granting of the final decree of adoption.~~
 2. ~~In adoptive placements which involve more than one agency, all agencies shall sign the initial AD 4320.~~
 - (i) ~~Subsequent amendments to the AD 4320 may be signed by the responsible public agency alone.~~
 3. ~~If AAP assistance is to be provided after the adoptive placement but prior to the final decree, the AD 4320 shall be signed prior to the granting of assistance.~~
 4. ~~The child's adoptive name shall be used on the AD 4320.~~
 5. ~~If the adoptive family elects not to apply for AAP benefits, the agency shall encourage the family to sign a deferred Adoption Assistance Program Agreement (AD 4320).~~
- (E) ~~If the agency and the adoptive family are unable to agree on AAP benefits, the agency will complete the AAP 2 as described in Section 35343(b)(4)(A).~~
- (F) ~~Authorize payment as specified in Section 35341.~~

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code and Section 1530, Health and Safety Code.

Reference: Sections 16118, 16119, 16120, and 16121, ~~and 16121.5~~, Welfare and Institutions Code; 45 CFR 1356.40; and 42 USC 673 and 675.

Amend Section 35326 to read:

Post-hearing: Amend Section 35326 to read:

35326 AAP ELIGIBILITY

35326

- (a) ~~In order for a child to be eligible for Adoption Assistance Program (AAP) benefits, the conditions specified at Welfare and Institutions Code Section 16120 shall be met.~~

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- (1) ~~Welfare and Institutions Code Section 16120 states:~~

~~"A child shall be eligible for Adoption Assistance Program benefits if all of the conditions specified in subdivisions (a) through (g) are met or if the conditions specified in subdivision (h) are met.~~

- (a) ~~The child has at least one of the following characteristics that are barriers to his or her adoption:~~

(1) ~~Adoptive placement without financial assistance is unlikely because of membership in a sibling group that should remain intact or by virtue of race, ethnicity, color, language, age of 3 years older, or parental background of a medical or behavioral nature that can be determined to adversely affect the development of the child.~~

(2) ~~Adoptive placement without financial assistance is unlikely because the child has a mental, physical, emotional or medical disability that has been certified by a licensed professional competent to make an assessment and operating within the scope of his or her profession. This paragraph shall also apply to children with a developmental disability pursuant to subdivision (a) of Section 4512 including those determined to require out of home nonmedical care as defined in Welfare and Institutions Code Section 11464.~~

- (b) ~~The need for adoption subsidy is evidenced by an unsuccessful search for an adoptive home to take the child without financial assistance as documented in the case file of the prospective adoptive child. The requirement for this search shall be waived when it would be against the best interest of the child because of the existence of significant emotional ties with prospective adoptive parents while in the care of these persons as a foster child.~~

- (c) ~~The child is the subject of an agency adoption as defined in Section 8506 of the Family Code and was any of the following:~~

(1) Under the supervision of a county welfare department as the subject of a legal guardianship or juvenile court dependency;

(2) Relinquished for adoption to a licensed California private or public adoption agency, or the department, and would otherwise have been at risk of dependency as certified by the responsible public child welfare agency; or

(3) Committed to the department pursuant to Section 8805 or 8918 of the Family Code.

(d) The child is under 18 years of age, or under 21 years of age and has a mental or physical handicap which warrants the continuation of assistance.

(e) The adoptive family is responsible for the child pursuant to the terms of an adoptive placement agreement or a final decree of adoption and has signed an adoption assistance agreement.

(f) The adoptive family is legally responsible for the support of the child and the child is receiving support from the adoptive parent.

(g) The department or the county responsible for determining the child's Adoption Assistance Program eligibility status and for providing financial aid, and the prospective adoptive parent, prior to or at the time the adoption decree is issued by the court, have signed an adoption assistance agreement that stipulates the need for, and the amount of, Adoption Assistance Program benefits.

(h) A child shall be eligible for Adoption Assistance Program benefits if the child received Adoption Assistance Program benefits with respect to a prior adoption and the child is again available for adoption because the prior adoption was dissolved and the parental rights of the adoptive parents were terminated or because the child's adoptive parents died."

(2) Title 45 CFR 1356.40(e) states:

"There must be no income eligibility requirement (means test) for the prospective adoptive parent(s) in determining eligibility for adoption assistance payments."

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(b) A child meeting the requirements of Welfare and Institutions Code Section 16120(h) shall be eligible for AAP benefits if subsequently adopted through either an independent adoption or an agency adoption.

- (e) ~~Adoption Assistance Agreements signed prior to October 1, 1992, shall be governed by Welfare and Institutions Code Section 16121.05(b).~~

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- (1) ~~Welfare and Institutions Code Section 16121.05(b) states:~~

~~"(b) Children on whose behalf an adoption assistance agreement had been executed prior to October 1, 1992, shall continue to receive adoption assistance in accordance with the terms of that agreement."~~

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To be eligible for Adoption Assistance Program (AAP) benefits, the child must be under the age of 18 and meet the three part special needs determination, citizenship requirements, and Title IV-E (federal) funding requirements or state funding requirements specified in Welfare and Institutions Code Section 16120.

- (a) The three-part special needs determination requires ALL of the following three conditions be met:

- (1) Evidence in the file that the child cannot or should not be returned to the home of his or her parents.

(A) Sufficient evidence includes a petition to terminate parental rights, a court order terminating parental rights, a signed relinquishment or a tribal customary adoption order.

- (2) A specific factor or condition makes it reasonable to conclude that the child cannot be adopted without providing AAP payments.

(A) Factors or conditions include a child's ethnic background, age or membership in a minority or sibling group, parental background of a medical or behavioral nature that can adversely affect the development of the child, the presence of a medical condition, or physical, mental or emotional disabilities.

- (3) An effort to place the child for adoption with appropriate parents without providing adoption assistance unless it is against the best interest of the child.

(A) This search for adoptive parents shall be documented in the adoption case record and include the following:

1. A discussion of potential adoptive parents at a regional adoption agency exchange meeting, or
2. Registration of the child with the department's photo-listing album.

- (B) A child who develops significant emotional ties with the prospective adoptive parents while in their care as a foster child or if a relative is adopting a child, then it would be in the child's best interest to remain with them and additional efforts to place the child are not required.
1. This search shall not be required when the current foster parents, or other persons with whom the child has been living and has established significant emotional ties, have both:
 - a. Expressed interest in adopting the child, and
 - b. Been determined by the agency to be suitable adoptive parents for the child.
- (b) The child must be a United States citizen or a qualified alien as defined in Title 8 USC section 1641(b).
- (1) If a child is placed with an unqualified alien, the child must be a qualified alien or have lived in the U.S. for five years, if the child entered the United States on or after August 22, 1996.
 - (2) The child is exempt from the five year residency requirement if the child is placed with a U.S. citizen or qualified alien, or the child is a member of one of the excepted groups pursuant to Title 8 USC section 1612(b): refugees, asylees, aliens whose deportation is withheld, veterans and those on active duty (as well as the spouse and unmarried dependent children of that person), Cuban or Haitian entrants and Amerasians from Vietnam.
 - (3) If a child is an unqualified alien and placed outside the United States, the county may use county funds to cover the AAP costs for an otherwise AAP eligible child.
- (c) To be eligible for Title IV-E (federal) funding, one of the following five paths to eligibility OR the definition of an "Applicable Child" and one of the four corresponding eligibility paths must be met:
- (1) At the time the child was removed from the home of a specified relative, the child would have been Aid to Families with Dependent Children (AFDC)-eligible in the home of removal according to July 16, 1996 AFDC standards.
- (A) In an involuntary situation, when a child's removal from the home is the result of a court action, there must also be a judicial determination that to remain in the home would be contrary to the child's welfare.
1. The determination must be made in the first court ruling (minute order) that sanctions (even temporarily) the removal.

2. The "contrary to the welfare" finding must be explicit in the first court order.
- (B) For children voluntarily relinquished to a licensed public or private adoption agency, or another public agency operating a Title IV-E program on behalf of the state (Tribes), the following must be obtained within six months of the time the child lived with a specified relative:
 1. A petition to the court to remove the child from the home of a specified relative within six months of the date the child lived with the relative; and
 2. Subsequent judicial determination that remaining in the home would be contrary to the child's welfare.
- (C) In the case of a voluntary placement agreement between the child's parent/legal guardian and the county agency, at least one Title IV-E foster care maintenance payment must have been made on behalf of the child.
- (2) At least one Title IV-E foster care maintenance payment has been made on behalf of the child's minor parent to cover the cost of the minor parent's child while in the foster parent's home or child care institution with the minor parent.
- (3) A child received AAP benefits with respect to a prior adoption, the prior adoption dissolved, and the child is again available for adoption. To remain eligible the child must meet the following:
 - (A) Three part special needs determination
 - (B) Citizenship requirements
- (4) Prior to the finalization of an agency adoption or an independent adoption, the child has met the requirements to receive federal Supplemental Security Income (SSI) benefits as determined and documented by the federal Social Security Administration (SSA).
- (5) The child is an Indian child and the subject of an order of adoption based on tribal customary adoption of an Indian child, as described in Welfare and Institutions Code Section 366.24.
- (d) An "applicable child" is a child who:
 - (1) Has been in foster care for at least 60 consecutive months, or

(2) Is a sibling of an "applicable child," if both are placed in the same prospective adoptive home, or

(3) Meets the applicable age requirement anytime before the end of the Federal Fiscal Year (FFY).

(A) FFY is October 1st through September 30th.

(B) A child who has or will attain the stated age or is older than the stated age in (d)(3)(B)(1) through (d)(3)(B)(8) by the end of the corresponding current FFY is considered to be an "applicable child":

(1) In FFY 2010, the applicable age is 16 years.

(2) In FFY 2011, the applicable age is 14 years.

(3) In FFY 2012, the applicable age is 12 years.

(4) In FFY 2013, the applicable age is 10 years.

(5) In FFY 2014, the applicable age is 8 years.

(6) In FFY 2015, the applicable age is 6 years.

(7) In FFY 2016, the applicable age is 4 years.

(8) In FFY 2017, the applicable age is 2 years or younger.

(e) The "applicable child" must meet one of the four eligibility paths:

(1) The child is in the care of a public or private child placement agency or Indian tribal organization and is the subject of either one of the following:

(A) An involuntary removal from the home in accordance with a judicial determination that continuation in the home would be contrary to the welfare of the child;

(B) A voluntary placement agreement or voluntary relinquishment.

1. A Title IV-E foster care maintenance payment does not have to be made on behalf of an "applicable child," or

2. Judicial determination that continuation in the home would be contrary to the welfare of the child.

- (2) The child has met all medical or disability eligibility requirements for federal supplemental security income (SSI) benefits.
- (3) The child was residing in a foster family home or child care institution with the child's minor parent.
- (4) The child received AAP with respect to a prior adoption that dissolved.
- (f) To be eligible for State funding, the child is the subject of an agency adoption and at the time of adoptive placement, the child met one of the following requirements:
 - (1) Under the supervision of a county welfare department as the subject of a legal guardianship or juvenile court dependency.
 - (2) Relinquished to a licensed California private or public adoption agency, or another public agency operating a Title IV-E program on behalf of the state, and would have otherwise been at risk of dependency as certified by the responsible public child welfare agency.
 - (3) Committed to the care of the department or county adoption agency pursuant Family Code Sections 8805 or 8918.
- (g) There shall be no means test used to determine AAP eligibility.
- (h) The prospective adoptive parent and any other adult living in the prospective adoptive home has completed the criminal background check requirements pursuant to Title 42 USC Section 671(a)(20)(A) and (C).

Authority cited: Sections 10553, 10554, and 16118(a), Welfare and Institutions Code.

Reference: Sections 16118, 16119, 16120, and 16121.05, Welfare and Institutions Code; ~~and~~ 42 USC 671 and 673; ~~and~~ 45 CFR 1356.40(c).

Repeal Section 35327 to read:

35327 SEARCH FOR PARENTS NOT REQUIRING ADOPTION ASSISTANCE 35327

- (a) ~~Prior to the selection of adoptive parents requiring adoption assistance payments, the agency shall seek adoptive parents who do not require such assistance.~~
- (1) ~~This search for adoptive parents shall be documented in the adoption case record and shall include the following:~~
- (A) ~~Discussion of potential adoptive parents at a regional adoption agency exchange meeting, or~~
- (B) ~~Registration of the child with the department's photo listing album.~~
- (2) ~~This search shall not be required when the current foster parents, or other persons with whom the child has been living and has established significant emotional ties, have both:~~
- (A) ~~Expressed interest in adopting the child, and~~
- (B) ~~Been determined by the agency to be suitable adoptive parents for the child.~~

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code.

Reference: Sections 16118 and 16120, Welfare and Institutions Code; 42 USC 671 and 673.

Amend Section 35329 to read:

35329 EFFECT OF ADOPTIVE PARENT'S LEGAL RESIDENCE

35329

- (a) The adoptive parent's legal residence shall not affect the child's eligibility specified by Welfare and Institutions Code Section 16121.1.

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- (1) ~~Welfare and Institutions Code Section 16121.1 states:~~

~~"Welfare and Institutions Code Section 16121.1: Notwithstanding the provisions of Section 11105, the residence of the adoptive parents at the time of or subsequent to adoptive placement shall not terminate the eligibility of a child who is otherwise eligible for adoptive assistance payments."~~

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Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code; and Section 8621, Family Code.

Reference: Sections 16118, ~~and~~ 16120, and 16121.1, Welfare and Institutions Code; and 42 USC 671 and 673; and 45 CFR 1356.40(d) and (e).

Amend Section 35331 to read:

Post-hearing: Amend Section 35331 to read:

35331 DOCUMENTATION OF CHILD'S ELIGIBILITY

35331

(a) The determination of the child's eligibility for adoption assistance shall be documented in the case record on the Eligibility Certification - Adoption Assistance Program form (AAP 4) and the Federal Eligibility Certification for Adoption Assistance Program (FC 8).

(1) The agency shall submit the Federal Eligibility Certification for Adoption Assistance Program form (FC 8) to the county responsible for payment.

A. The child's birth name shall be used on the FC 8.

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code.

Reference: Sections 16118 and 16120, Welfare and Institutions Code and 42 USC Sections 671 and 673.

Amend Section 35333 to read:

Post-hearing: Amend Section 35333 to read:

35333 DETERMINATION OF AMOUNT AND DURATION OF AAP
BENEFIT FOR ALL CHILDREN

35333

The Adoption Assistance Program (AAP) provides benefits to facilitate the adoption of children who otherwise would not likely be adopted. The AAP benefit is a negotiated amount based upon the needs of the child and the circumstances of the adoptive family. The responsible public agency and the prospective adoptive parent(s) shall negotiate and agree on the amount of the AAP benefit ~~and make the final determination of the amount~~ according to the requirements of this section.

- (a) ~~No agency may use an income eligibility requirement (income means test) in determining the AAP benefit.~~

The responsible public agency shall make a good faith effort to negotiate the AAP benefit with the adoptive parents.

- (1) The agency shall encourage the adoptive parents to request the AAP benefit they require in order to meet the child's needs taking into account their family circumstances.

- (2) The agency shall base the negotiated AAP benefit on the needs of the child and the circumstances of the family determined through discussion with the adoptive parents.

- (A) The agency shall advise the adoptive parents that the amount of the AAP benefit determined for the child is limited to the age-related, state-approved foster family home rate and any applicable state-approved specialized care increment for which the child is eligible.

- (3) There shall be no use of a means test of the child or the adoptive parent when determining the AAP benefit amount.

- (4) The amount of the negotiated AAP benefit shall be between zero and the maximum AAP benefit for which the child is eligible.

- (5) The agency shall advise the adoptive parents that the AAP benefit does not include payment for any specific good or service, but is intended to assist the adoptive parents in meeting the child's needs.

- (b) ~~The responsible public agency shall assess the child's needs.~~

- (1) The agency, after consultation with the adoptive parents and the financially responsible county, if different from the agency, shall identify the child's care and

supervision needs, including any special needs beyond basic care and supervision, ~~for which a foster care maintenance payment would be authorized.~~

(1) (A) The adoption caseworker shall base the assessment of the child's needs and required level of care and supervision on all of the following information:

(A) 1. Direct observation of the child.

(B) 2. Information contained in the child's case record, including birth history and psychological, medical and other relevant assessments completed by licensed professionals.

(C) 3. Information about the child based on application of the county's foster care specialized care assessment instrument or any specialized foster care increment previously approved for the child.

(D) 4. Information provided by the adoptive parents.

(c) The responsible public agency ~~shall determine the maximum AAP benefit for which the child is eligible.~~

(1) ~~Step 1: The agency in consultation with the financially responsible county, if different from the agency, shall determine the~~ maximum state-approved foster care maintenance payment that the child would have received in a foster family home if the child had remained in foster care.

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(A) ~~A child in a foster family home receives a maintenance payment limited to the age-related, state-approved foster family home care rate and any applicable state-approved specialized care increment for which the child is eligible.~~

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(1) 1. No agency may use a Foster Family Agency (FFA) treatment rate or a payment made to a certified home by a FFA on behalf of the child for purposes of calculating the maximum AAP benefit for which the child is eligible.

(A) If a child continues to require the additional services provided by the FFA, the adoptive placement shall continue to be funded by foster care payments rather than by AAP benefits until the AAP agreement is executed.

(2) (B) If the child is living in the adoptive family's home, the agency shall assume that, but for adoptive placement, the child would be living in a licensed foster family home.

- (A) 1. If the child is placed for adoption within the financially responsible county, the AAP benefit shall ~~be based on the child's foster care maintenance payment~~, not to exceed the age-related, state-approved foster family home care rate, for which the child would otherwise be eligible.
- (B) 2. If the child is placed for adoption in California but outside the financially responsible county, the AAP benefit shall ~~be based on the foster care maintenance payment~~, not to exceed the age-related, state-approved foster family home care rate of the financially responsible county or that of the host county, whichever is higher, for which the child would otherwise be eligible.
- (C) 3. If the child is placed for adoption outside California, the AAP benefit shall ~~be based on the foster care maintenance payment~~, not to exceed the applicable California age-related, state-approved foster family home care rate or the applicable rate in the host state, whichever is higher, for which the child would otherwise be eligible.
- (D) 4. If the child also has any special needs which would qualify him or her for a specialized care increment (SCI), the AAP benefit shall include the applicable state-approved ~~specialized care increment~~ SCI in addition to the ~~foster care maintenance payment, based on the rate described in Section 35333(c)(1)(B) 1., 2., or 3~~ age-related, state-approved foster family home rate.
1. a. If the child requires a benefit based on a special need in addition to age-related ~~basic care~~ state-approved foster family home rate, the agency shall document each special need by describing the need including the underlying problem or condition.

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- b. ~~Specialized care provides a supplemental payment to a family home caregiver, in addition to the basic family home care rate, for the cost of supervision (and the cost of providing that supervision) to meet the additional daily care needs of a child who has a health or behavior problem.~~

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2. Specialized care provides a supplemental payment to a caregiver, in addition to the state-approved foster family home care rate, for the cost of supervision (and the cost of providing that supervision) to meet the additional daily care needs of a child who has a health or behavior problem.
3. e. If the child is placed for adoption outside the financially responsible county, the agency shall use the specialized care rate of the host county or that of the financially responsible county, whichever is

higher, or that of the financially responsible county when the host county has no specialized care system.

- (3) ~~(C)~~ If the child is a client of a California Regional Center (CRC) for the Developmentally Disabled, the maximum rate shall be the foster family home rate formally determined for the child by the Regional Center using the facility rates established by the California Department of Developmental Services. CRC clients pursuant to Welfare and Institutions Code Section 16121(c). Dual agency children who leave California shall be able to continue to receive AAP benefits based on the most recent level of need assessed by the CRC reflected in the last AAP agreement signed prior to leaving California.
- (4) ~~(D)~~ If the child is temporarily living away from the adoptive home and the AAP benefit is not authorized under Section 35334(a) or Section 35334(c), the agency shall consider the child to be living in the adoptive home ~~when the eligibility requirements of Section 35326 continue to be met.~~
- (2) Step 2: The agency shall ~~determine the amount of income received by or on behalf of the child.~~
 - (A) ~~The agency shall consider income including, but not limited to, SSI/SSP, Social Security benefits based on the earnings of a birth parent, or available income from an inheritance or a trust fund derived from assets of a birth parent or his or her relatives or created on behalf of the child as a result of a lawsuit or insurance settlement.~~
- (3) Step 3: ~~The agency shall calculate the maximum AAP benefit for which the child is eligible by subtracting the child's income identified according to Section 35333(c)(2) from the sum of the age-related, state-approved foster family home care rate identified according to Section 35333(c)(1) and any applicable state-approved specialized care increment. This remaining amount is the maximum AAP benefit available for the child.~~
- (d) ~~The responsible public agency shall determine the circumstances of the family.~~
 - (4) ~~Corroborating documentation shall be unnecessary when the adoptive parents attest to the following information requested by the agency:~~
 - (5) (A) A The adoptive parents shall provide a written statement from the adoptive parents on the form AAP 1 explaining how they plan to incorporate the adoptive child into their family and the impact, if any, on their family's lifestyle and circumstances.
 - (6) (B) "Circumstances of the Family" means circumstances of the family as defined in Welfare and Institutions Code Section 16119(d)(2).

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1. ~~Welfare and Institutions Code Section 16119(d)(2) states:~~

~~"For purposes of paragraph (1), "circumstances of the family" includes the family's ability to incorporate the child into the household in relation to the lifestyle, standard of living, and future plans and to the overall capacity to meet the immediate and future plans and needs, including education, of the child."~~

2. ~~The agency should not control or participate in the adoptive family's choices regarding their lifestyle, standard of living or future plans.~~

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- (A) The agency should not control or participate in the adoptive family's choices regarding their lifestyle, standard of living, or future plans.

- (e) ~~The responsible public agency shall negotiate the amount of any AAP benefit with the adoptive family. For purposes of negotiation, the agency shall follow the legislative intent expressed in Welfare and Institutions Code Section 16115.5 and the requirements in Welfare and Institutions Code Section 16119(d)(1).~~

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- (1) (A) ~~Welfare and Institutions Code Section 16115.5 states:~~

~~"It is the intent of the Legislature in enacting this chapter to benefit children residing in foster homes by providing the stability and security of permanent homes and in so doing, achieve a reduction in foster home care. It is not the intent of this chapter to increase expenditures but to provide for payments to adoptive parents to enable them to meet the needs of children who meet the criteria established in Section 16116, 16120 and 16121."~~

- (B) ~~Welfare and Institutions Code Section 16119(d)(1) states:~~

~~"The amount of an adoption assistance cash benefit, if any, shall be a negotiated amount based upon the needs of the child and the circumstances of the family. There shall be no means test used to determine an adoptive family's eligibility for the Adoption Assistance Program. In those instances where an otherwise eligible child does not require a cash benefit, Medi-Cal eligibility may be established for the child as needed."~~

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- (2) ~~The agency shall make a good faith effort to negotiate the AAP benefit with the adoptive parents.~~

- ~~(3) The agency shall encourage the adoptive parents to request the AAP benefit they require in order to meet the child's needs taking into account their family circumstances.~~
- ~~(4) The agency shall base the negotiated AAP benefit on the needs of the child and the circumstances of the family determined through discussion with the adoptive parents.~~
 - ~~(A) The agency shall advise the adoptive parents that the amount of the AAP benefit determined for the child is limited to the age-related, state-approved foster family home care rate and any applicable state approved specialized care increment for which the child would have been eligible had he or she remained in foster care.~~
- (d) ~~(5) The agency shall include complete the Adoption Assistance Program Negotiated Benefit Amount and Approval Form (AAP 6) and file in the child's AAP file a written summary of the negotiations and discussions with the adoptive parents.~~
 - (1) ~~(A) When only age-related basic care state-approved foster family home rate is requested by the family, the agency shall include a statement to that effect for retention in the child's AAP file.~~
 - ~~(6) The amount of the negotiated AAP benefit shall be between zero and the maximum AAP benefit for which the child is eligible as identified according to Section 35333(c)(3).~~
 - ~~(A) The agency shall advise the adoptive parents that the AAP benefit does not include payment for any specific good or service, but is intended to assist the adoptive parents in meeting the child's needs.~~
 - ~~(7) At the conclusion of negotiations, if agreement on the AAP benefit has been reached, the agency shall authorize payment of the AAP benefit in the agreed amount.~~
- ~~(fe)~~ When agreement on the AAP benefit has been reached, the responsible public agency shall complete an Adoption Assistance Agreement (AD 4320) with the adoptive parents.
 - ~~(1)~~ The agency shall complete the AAP 2 instructing the county to send a Notice of Action to the adoptive parents indicating that the AAP benefit is approved.
 - ~~(2)~~ After completion of the Adoption Assistance Agreement (AD 4320), the adoptive parents shall have the right to use the AAP benefit to meet the child's needs as they deem appropriate without further agency approval.
- ~~(gf)~~ When the responsible public agency and the adoptive parents are unable to agree on an AAP benefit, the agency shall complete the AAP 2 instructing the county to send the adoptive parents a Notice of Action that the requested AAP benefit is denied. The agency shall specify the reason for denial.

HANDBOOK BEGINS HERE

- (1) ~~If the adoptive parent does not agree on the AAP benefit, the parent may request a state hearing as instructed in the Notice of Action pursuant to MPP Section 22-004.~~

HANDBOOK ENDS HERE

- (1) If the adoptive parent does not agree on the AAP benefit, the parent may request a state hearing as instructed in the Notice of Action pursuant to MPP Section 22-004.
- (hg) A reassessment of the AAP benefit shall be required every two (2) years beginning from the date of a signed Adoption Assistance Program Agreement (AD 4320) between the agency and the adoptive parents.
- (1) ~~The AAP benefit shall be increased automatically at the same time and to the same degree as any automatic adjustments to payments for state approved basic foster care maintenance.~~
Once a child is determined eligible to receive AAP, he or she remains eligible and the subsidy continues unless one of the following occurs:
- (A) The child has attained the age of 18 or 21;
- (2) 1. Payment of the AAP benefit shall terminate in the month in which the child becomes 18 years of age or if the agency has determined that the child has a mental or physical disability that warrants the continuance of assistance, in the month in which the child becomes 21 years of age.
- a. Starting January 1, 2012, youth who have an initial AAP agreement signed on or after their 16th birthday and who meet the conditions stated in Welfare and Institutions Code Section 11403, may be eligible for the extension of AAP benefits to the age of 19, the age of 20 effective January 1, 2013, and the age of 21 effective January 1, 2014.
- (B) The adoptive parents are no longer legally responsible for the support of the child.
- (C) The responsible public agency determines the adoptive parents are no longer providing support to the child.

Authority cited: Sections 10553, 10554, 14023, and 16118, Welfare and Institutions Code.

Reference: Sections ~~15115.5~~ 11405, 16118, 16119, 16120, 16120.05, 16121, and 16121.05, Welfare and Institutions Code; 45 CFR 1356.40; 42 USC 673 and 675.

Amend Section 35334 to read:

Post-hearing: Amend Section 35334 to read:

35334 ~~DETERMINATION OF AMOUNT AND DURATION OF AAP~~ 35334
~~BENEFITS FOR A CHILD IN A TEMPORARY OUT-OF-HOME~~
~~PLACEMENT~~

(a) The responsible public agency shall ~~determine~~ confirm the amount and duration of the AAP benefit when the child is placed, either on a voluntary basis or as a ~~court~~ dependent or ward of the court, in out-of-home care to treat a condition that the agency has determined to have existed before the adoptive placement. (Continued)

(2) The agency shall determine the maximum AAP benefit for which the child is eligible for out-of-home placement. (Continued)

(B) If the placement cost is paid by another agency (e.g., county welfare department, probation office, regional center), the available AAP benefit shall be either the age-related, state-approved ~~basic~~ foster family home care rate or the adoptive parent's actual share of cost for support of the child, whichever is greater, but not to exceed the foster family home rate as determined under Section 35333(c)(4).

1. The maximum share of cost is the state-approved foster family home rate, eligible SCI rate or dual agency rate, and any applicable supplemental rate the child would have received had they remained in foster care.

HANDBOOK BEGINS HERE

1. ~~Under Title 2 California Code of Regulations Section 60020(c), the county financially responsible for making AAP payments is responsible for the provision of mental health assessments and mental health services.~~

HANDBOOK ENDS HERE

2. Under Title 2 California Code of Regulations Section 60020(c), the county financially responsible for making AAP payments is responsible for the provision of mental health assessments and mental health services.

(3) (Continued)

(e) ~~If the child is placed out of home as a ward of the court under Welfare and Institutions Code Section 601 or 602, the maximum AAP benefit for which the child is eligible shall be~~

~~either the adoptive parents' actual share of cost for support of the child or the foster family home rate as determined under Section 35333(e)(1), whichever is less.~~

(~~dc~~) (Continued)

(~~ed~~) When the responsible public agency and the adoptive parents agree on the AAP benefit, the agency shall complete an Adoption Assistance Program Agreement (AD 4320) with the adoptive parents.

(1) The agency shall state in the agreement that the AAP benefit is intended for the child's out-of-home placement and is not to exceed 18 months.

(A) The adoptive parent(s) may request the financially-responsible public agency to pay the facility directly using the child's eligible AAP funds, or the adoptive parents may request the AAP check continue to be sent to them to pay the facility.

(2) The agency shall complete the AAP 2 instructing the county to send the adoptive parents a Notice of Action indicating that the AAP benefit is approved. (Continued)

Authority cited: Sections 10553, 10554, ~~14023~~, and 16118(a), Welfare and Institutions Code.

Reference: Sections ~~45115.5~~, 16118, 16119, 16120, 16120.05, 16121, and 16121.05, Welfare and Institutions Code; 42 USC 673.

Amend Section 35337 to read:

Post-hearing: Amend Section 35337 to read:

35337 CONTENT OF THE ADOPTION ASSISTANCE AGREEMENT

35337

(a) The Adoption Assistance Program Agreement form (AD 4320) shall contain the following:
(Continued)

(2) The amount and duration of financial assistance.

(A) The agreement is effective until terminated in accordance with its terms or a new amended agreement is signed.

(B) The AD 4320 shall be signed by the responsible public agency and the adopting parent(s) prior to the granting of the final decree of adoption.

(C) In adoptive placements which involve more than one agency, all agencies shall sign the initial AD 4320.

1. Subsequent amendments to the AD 4320 shall be signed by the responsible public agency and adoptive parent(s).

(3) ~~The specific needs for which payments are being authorized.~~

(4) ~~That the existence of a characteristic that is a barrier to the child's adoption without subsidy has been confirmed by the agency.~~

(5) ~~That, until termination of financial assistance, the adoptive parents shall notify the child's agency immediately regarding the following:~~

(A) ~~A change in their mailing address on record with the agency.~~

(B) ~~The child begins to receive unearned income as specified at Section 35333(e)(2)(A).~~

(C) ~~They are no longer responsible for the support of the child.~~

(D) ~~They are no longer supporting the child.~~

(3) The AAP benefit will continue unless one of the following occurs:

(A) The child has attained the age of 18 unless the child has a mental or physical handicap which warrants continuation of AAP benefits to the age of 21 years.

- (B) The adoptive parents are no longer legally responsible for the support of the child.
 - (C) The responsible public agency determines the adoptive parents are no longer providing any type of support to the child.
- (4) It is the adoptive parent's responsibility to inform the responsible public agency immediately if any of the following occurs:
 - (A) Change in mailing address and/or state of residence.
 - (B) The child is no longer residing in the family home.
 - (C) The adoptive parents are no longer providing any type of support to the child.
 - (D) The adoptive parents are no longer legally responsible for the support of the child.
- (5) If a needed service is not available in the state of residence, the financially responsible county of origin remains financially responsible for the needed services.
 - (A) The responsible public agency shall assist the adoptive parents by providing information and referral services offered in their state of residence.
 - (B) If the child is state-eligible and eligible for state-funded Medi-Cal benefits, the adoptive parents shall be informed that if they move or reside in another state, access to medical services is contingent on whether their state of residence extends COBRA-reciprocity for children receiving California state-funded Medi-Cal benefits.
- (6) If the adoptive parents believe their child has a physical or mental disability that warrants the continuance of assistance beyond the age of 18, prior to their child's eighteenth birthday, the adoptive parents are to request the responsible public agency assess and evaluate their child's needs for continuation of benefits beyond the age of 18.
- (7) If the child is a current consumer of California Regional Center (CRC) services, the maximum available AAP benefit is \$3006. CRC consumers who have received an AAP benefit prior to July 2007, which exceeds the maximum \$3006 rate, may continue to receive the higher rate until the child is no longer eligible for AAP benefits or the adoption is dissolved.
 - (A) If the child is under the age of three and the CRC has determined the child to have a developmental disability as defined by the Lanterman Act, the maximum AAP benefit is \$2006.

(B) If the child is under the age of three and receiving services under the California Early Intervention Services Act, but not yet determined by the CRC to have a developmental disability as defined by the Lanterman Act, the maximum AAP benefit is \$898 or the foster family home rate and applicable SCI rate, whichever is greater.

1. After the adoption is finalized, it is the adoptive parents' responsibility to request the CRC to evaluate the child's eligibility for CRC services and notify the responsible public agency if the child is eligible and receiving CRC services.

(8) A child with an initial AAP agreement signed on or after January 1, 2010, will no longer be eligible to receive an AAP age-related increase.

(A) A child with an initial AAP agreement signed prior to January 1, 2010 will still be eligible to receive the AAP age-related increase upon request.

(B) A child with an initial Adoption Assistance Agreement~~s~~ signed prior to October 1, 1992, shall be governed by Welfare and Institutions Code Section 16121.05(b).

(69) (Continued)

(710) (Continued)

(811) (Continued)

(9) ~~That the AAP benefit may be reduced if the child receives other unearned income as specified in Section 35333(e)(2)(A).~~

(12) The agreement shall specify the rate for a child receiving wraparound services or placed in an out-of-home placement which may not exceed the maximum eligible state-approved facility rate and is limited to 18 months per episode or condition. It is the adoptive parent's choice to request the AAP benefit be directed to the facility or to them and they pay the facility directly with the AAP funds received.

(103) (Continued)

(114) (Continued)

(125) (Continued)

(136) (Continued)

(147) (Continued)

Authority cited: Sections 10553, 10554, and 16118(a), Welfare and Institutions Code.

Reference: 42 USC 673, 695; 45 CFR 1356.40; Sections 14051, 16119, 16120, 16120.05, 16121 and 16121.05, Welfare and Institutions Code.

Amend Section 35339 to read:

35339 DEFERRED PAYMENT OF AAP

35339

- (a) ~~When the effective date of payment is not known because a child has a mental, physical, medical or emotional condition which~~ otherwise eligible for AAP does not require current benefits but which could require future benefits, the Adoption Assistance Program Agreement form (AD 4320) shall indicate that the family may request benefits ~~to meet needs associated with the condition~~ at an unspecified future date.
- (1) ~~The existence of a condition which does not require current benefits shall be certified by a licensed professional competent to make an assessment of the condition and operating within the scope of his or her profession.~~
- (2) ~~A history which is likely to lead to a future mental, physical, medical or emotional condition shall be considered as such a condition.~~
- (31) (Continued)
- (42) (Continued)

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code; ~~Section 1530, Health and Safety Code.~~

Reference: Sections 16118, 16119, 16120, 16121, and 16121.05, Welfare and Institutions Code; 42 USC Sections 673 and 675.

Amend Section 35341 to read:

35341 PROCEDURES FOR INITIATION OF PAYMENT

35341

- (a) The responsible public agency shall provide the county responsible for payment with information necessary to allow the county to issue AAP payments and authorize the issuance of Medi-Cal cards. (Continued)
- (2) When the beginning date of payment is known, the agency shall complete and send the following forms to the county: (Continued)
- (C) ~~If a Medi-Cal eligible child is enrolled in private health coverage, a Health Insurance Questionnaire (DHS-6155) and~~
- (DC) Income and Property Checklist for Federal Eligibility Determination – Adoption Assistance Program (FC 10).
1. The FC 10 form is to be used only for the purposes of determining AFDC eligibility in the home of removal.
- (3) The child's adoptive name shall be used on the AAP 2, AAP 4, and FC 10 and all related correspondence with the county.

HANDBOOK BEGINS HERE

- (A) ~~The AAP 2 initially triggers the creation of a new county payment case record that, for reasons of confidentiality, must in no way identify former county case records, names or numbers.~~
1. ~~Welfare and Institutions Code Section 16118(e) is located at Section 35325(d)(1).~~

HANDBOOK ENDS HERE

- (A) The AAP 2 requires the creation of a new county payment case record.

- (b) Upon receipt of the AAP 2, the county shall issue payments as instructed.

HANDBOOK BEGINS HERE

- (1) ~~Eligibility and Assistance Standards (EAS) 45-804.322 states: "EAS 45-804.322: The initial payment shall be delivered to the adoptive parent(s) no later than 20 days after the date on which the county receives the Payment Instructions – Adoption Assistance Program form (AAP 2) from the agency authorizing payment."~~

HANDBOOK ENDS HERE

- (1) The initial payment shall be delivered to the adoptive parent(s) no later than 20 days after the date the county receives the Payment Instructions – Adoption Assistance Program form (AAP 2) from the agency authorizing payment.

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code; ~~and Section 1530, Health and Safety Code.~~

Reference: Section 16118 and 16120, Welfare and Institutions Code and 42 USC 673.

Amend Section 35343 to read:

Post-hearing: Amend Section 35343 to read:

35343 PROCEDURES FOR REASSESSMENT OF THE CHILD'S NEEDS 35343

(a) A reassessment process shall be completed by the responsible public agency which authorized the initial payment ~~either unless one of the following is met:~~

(1) ~~During the 90-day period prior to the end of each payment authorization period specified in Section 35333(h).~~

(A) ~~The process shall not be completed if the child is no longer eligible due to age.~~

(2) ~~Prior to the 90-day period at the request of the adoptive parent or if the agency learns that the current AAP grant may no longer be appropriate because:~~

(A) ~~The adoptive parents may no longer be legally responsible for the support of the child.~~

(B) ~~The adoptive parents may no longer be supporting the child.~~

(C) ~~The adoption assistance benefit may exceed the amount for which the child would have been eligible in a licensed foster family home.~~

(1) The child has attained the age of 18 or 21;

(2) The adoptive parents are no longer legally responsible for the support of the child.

(3) The responsible public agency determines the adoptive parents are no longer providing support to the child.

(b) The reassessment process shall include the following steps:

(1) The county responsible for payment shall mail the adoptive parent(s) the Reassessment Information Adoption Assistance Program form (AAP 3) ~~as specified in CDSS Manual of Policies and Procedures, Eligibility and Assistance Standards Section 45-805.1~~ at least 60, and not more than 90, calendar days prior to the date the reassessment is due and shall document in the case record the date such form was mailed.

~~HANDBOOK BEGINS HERE~~

(A) ~~MPP Section 45-805.1 states: "EAS 45-805.1: The county shall mail the adoptive parent(s) the Recertification Information Adoption Assistance Program form (AAP 3) at least 60, and not more than 90, calendar days prior~~

~~to the date recertification is due and shall document in the case record the date such form was mailed."~~

~~HANDBOOK ENDS HERE~~

- (BA) The adoptive parent(s) shall return the AAP 3 to the responsible public agency which authorized the initial payment.
1. If the family does not submit a completed AAP 3 form, AAP must continue at the same rate reflected on the last AAP agreement and Payment Instructions (AAP 2) form.
- (2) ~~After~~ If the responsible public adoption agency receives the completed AAP 3 from the adoptive parents, the agency shall determine the procedure, as listed below, to follow in order to complete the reassessment process as follows:
- (A) (Continued)
- (B) If the adoptive parents select box 2 on the AAP 3 indicating they request the AAP benefit to continue ~~at the current level~~, the agency shall ~~complete and send a~~ pay the same rate reflected on the last AAP agreement and Payment Instructions Adoption Assistance Program (AAP 2) form to the county within five working days of completing the reassessment process.

~~HANDBOOK BEGINS HERE~~

1. ~~MPP Section 45-805.3 states: "EAS 45-805.3: The county shall not provide assistance beyond the end of the last month of payment indicated on the Payment Instructions - Adoption Assistance Program form (AAP 2) unless continued assistance is authorized by the agency on a subsequent AAP 2."~~

~~HANDBOOK ENDS HERE~~

- (C) If the adoptive parents select box 3 on the AAP 3, requesting an increase in the amount of the AAP benefit, the adoptive parents shall provide written documentation of the child's special needs justifying the increase. ~~This documentation must be sufficient so as to assist the agency in determining whether or not the increase is warranted.~~ The agency may require additional information as necessary.
1. The agency shall base the reassessment of the child's needs and required level of care and supervision on the following information:
(Continued)
- c. Circumstances of the family.

2. The responsible public agency shall follow the procedures in Section 35333(c) in determining the new maximum AAP benefit amount.
3. If the agency determines that a change in the amount of payment appears appropriate, the adoptive parents' concurrence shall be obtained prior to changing the amount of payment.
 - a. The adoptive parents' concurrence is not required by law if the payment amount is changed to prevent the payment from exceeding the maximum payment amount specified in Section 35333(c)(1) foster care maintenance payment that would have been paid had the child remained in foster care.
4. The responsible public agency and the adoptive parents shall complete an amended AD 4320 ~~which indicates that the agreement is an amendment to the initial AD 4320~~ to reflect the change in the amount of AAP benefit.

a. (Continued)

~~HANDBOOK BEGINS HERE~~

- b. ~~If the adoptive parent does not agree with the change in the AAP benefits, the parent may request a state hearing as instructed on the Notice of Action pursuant to MPP Section 22-004.~~

~~HANDBOOK ENDS HERE~~

5. (Continued)

~~HANDBOOK BEGINS HERE~~

- a. ~~MPP Section 45-805.3 states: "EAS 45-805.3: The county shall not provide assistance beyond the end of the last month of payment indicated on the Payment Instructions -- Adoption Assistance Program form (AAP 2) unless continued assistance is authorized by the agency on a subsequent AAP 2."~~

~~HANDBOOK ENDS HERE~~

- (D) If the adoptive parents select box 4 on the AAP 3, requesting a decrease in the amount of the AAP benefit, the agency and the adoptive parents shall complete an amended AD 4320 ~~which indicates that the agreement is an amendment to the initial AD 4320~~ to reflect the change in benefit amount.

1. (Continued)

(E) ~~If the adoptive family fails to return the AAP 3 within the 90 days before the end of the payment authorization period, the agency shall conclude that the family does not want to continue receiving assistance.~~

1. ~~If the family returns the AAP 3 within 30 days after the expiration of the 90-day period, the effective date of renewal shall be the last day of the 90-day period.~~

2. ~~If the family takes more than 30 days after the expiration of the 90-day period to return the AAP 3, the effective date of renewal shall be the date on which assistance was requested in writing.~~

(3) ~~The agency shall complete and send a Health Insurance Questionnaire (DHS) 6155 if the child is Medi-Cal eligible and has private health coverage.~~

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code and ~~Section 1530, Health and Safety Code.~~

Reference: Sections 16120, 16121 and 16121.05, Welfare and Institutions Code; 45 CFR 1356.40; and 42 USC 673.

Amend Section 35344 to read:

35344 PROCEDURES FOR IDENTIFICATION AND RECOVERY OF 35344
OVERPAYMENTS

(a) An overpayment of Adoption Assistance Program (AAP) benefits may exist in the following situations:

(1) The adoptive parent receives aid after the child becomes ineligible for assistance because: (Continued)

(B) The adoptive parent is no longer supporting the child.

~~HANDBOOK BEGINS HERE~~

1. ~~Example: The child moves to the home of an adoptive relative and the adoptive parent does not provide support to the child in the relative's home.~~

2. ~~Example: The adoptive parent fails to utilize assistance being provided to pay the cost of an out-of-home placement to pay that cost.~~

~~HANDBOOK ENDS HERE~~

3. ~~The parent may reestablish eligibility by resuming support of the child.~~

(C) (Continued)

(d) (Continued)

~~HANDBOOK BEGINS HERE~~

(e) ~~Overpayments determined to be caused by an adoptive parent's or out-of-home care provider's failure to report information may be referred to the county Special Investigative Unit described in MPP Section 22-007.1.~~

~~HANDBOOK ENDS HERE~~

(e) The county shall not demand overpayment collection when the overpayment was due to county error.

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code.

Reference: Sections 16120, 16121, and 16121.05, Welfare and Institutions Code; 45 CFR 1356.40; 42 USC 673.

Amend Section 35345 to read:

35345 WHEN NOTICE OF ACTION IS REQUIRED

35345

- (a) The agency responsible for authorizing payment shall notify the county responsible for payment by using the Payment Instructions Adoption Assistance Program form (AAP 2) regarding any of the following events which require that the county send the adoptive parent a Notice of Action (NOA): (Continued)
- (4) Completion of the ~~recertification~~ reassessment process. (Continued)

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code and ~~Section 1530, Health and Safety Code.~~

Reference: Section 16121.05, Welfare and Institutions Code and Sections 45 CFR, Sections 205.10 and 1355.30.

Repeal Section 35347 to read:

35347 STATUTORY PROVISIONS FOR AAC

35347

- (a) ~~The agency shall follow the provisions of Welfare and Institutions Code Section 16121.05(d) for those adoption assistance agreements which were in effect prior to October 1, 1982.~~

HANDBOOK BEGINS HERE

- (1) ~~Welfare and Institutions Code Section 16121.05(d) states:~~

~~"Children on whose behalf an aid for adoption of children agreement had been executed prior to October 1, 1982, shall continue to receive aid for adoption of children benefits in accordance with the terms of that agreement. This aid for adoption of children agreement may be renewed, provided total benefits do not exceed five years. Prior to the end of the five-year period, if there is a continuing need related to a chronic health condition of the child which necessitated the initial financial assistance, the time period for which it may be given, shall be determined by the department or the agency but shall not extend past the time that the child reaches 18 years of age. Prior to the expiration of the extension period, if there is a continuing need, a parent may petition the department or the designated licensed adoption agency for a new period of termination. The department or the agency, shall make its determination regarding the financial ability of the parents to meet the continuing medical needs of the child's health condition at the time of adoption, taking into consideration community resources."~~

HANDBOOK ENDS HERE

Authority cited: Sections 10553, 10554, and 16118, Welfare and Institutions Code.

Reference: Section 16121.05(d), Welfare and Institutions Code.

Amend Section 35351 to read:

35351 MAINTENANCE OF SEPARATE RECORDS

35351

(a) To maintain confidentiality of the adoption case record, the responsible public agency shall maintain copies of the following documents separate from the adoption case record:
(Continued)

(3) The following documents relating to the determination of Federal eligibility:
(Continued)

~~(B) Determination of Federal AFDC-FC Eligibility (FC 3).~~

~~(C) (Continued)~~

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code ~~and Section 1530,~~
~~Health and Safety Code.~~

Reference: Sections 16118, 16120 and 16120.05, Welfare and Institutions Code and 42
USC 671 and 673.

Amend Section 35352 to read:

35352 NOTIFICATION REQUIREMENTS FOR AGENCIES

35352

(a) The agency shall inform all applicants that:

- (1) Reimbursement for nonrecurring adoption expenses is available to adoptive parents who adopt an ~~AAP-eligible~~ child who meets the three part special needs determination and citizenship requirements set forth in Section 35326. (Continued)

Authority cited: Sections 10553, 10554, and 16118(a), Welfare and Institutions Code.

Reference: Sections 16119 and 16120, Welfare and Institutions Code and 45 CFR 1356.40 and 1356.41(e); 42 USC 673.

Amend Section 35352.1 to read:

35352.1 ELIGIBILITY FOR REIMBURSEMENT

35352.1

- (a) In order for a claim to be eligible for reimbursement, the responsible public agency shall:
(Continued)
- (2) Record in the case file that the child for whose adoptive costs the parents are claiming reimbursement is ~~an AAP-eligible child as defined in Section 35000(a)(1)~~ meets the three part special needs determination and citizenship requirements.
- (3) ~~Record in the case file that the placement meets the search requirements of Section 35327.~~
- (43) (Continued)
- (54) (Continued)
- (65) (Continued)
- (76) Ensure that all adoptive parents sign ~~an agreement~~ the Adoption Assistance Program Nonrecurring Adoption Expenses Agreement (AAP 8) with the agency prior to finalization of the adoption. The completed and signed AAP 8 shall be filed in the child's AAP file. The content of all such agreements shall meet the requirements as follows: (Continued)
- (87) Limit the maximum reimbursement for nonrecurring adoption expenses to \$400.00 per placement ~~of an AAP-eligible child.~~ (Continued)
- (98) Record in the case file that reimbursement for nonrecurring adoption expenses in interstate placements shall conform to the following: (Continued)
- (B) ~~Interstate placements which do not comply with the Interstate Compact on the Placement of Children are not eligible for reimbursement.~~

Authority cited: Sections 10553, 10554, and 16118(a), Welfare and Institutions Code.

Reference: Section 16120.1, Welfare and Institutions Code and 45 CFR 1356.40 and 1356.41; 42 USC 673.

Amend Section 35352.2 to read:

35352.2 AUTHORIZATION FOR REIMBURSEMENT

35352.2

- (a) Pursuant to a determination that a claim for reimbursement for nonrecurring adoption expenses meets the ~~eligibility criteria in Section 35352.1~~ three part special needs determination and citizenship requirements, the responsible public agency shall authorize the appropriate county to reimburse the adoptive parents.
- (1) ~~The county responsible for reimbursement shall be the county responsible for the child's Adoption Assistance Program (AAP) payment.~~
- (A) ~~In cases in which the adoptive parents have elected not to receive AAP payments,~~ The county responsible for reimbursement shall be the county that would otherwise provide the child's AAP payment.
- (A) This reimbursement shall be separate from the child's AAP payment as stated in Welfare and Institutions Code Section 16120.1(d)
- (2) Reimbursement for nonrecurring adoption expenses is contingent upon the ongoing existence of the federal program for these reimbursements as mandated by Welfare and Institutions Code Section 16120.1(c).

Authority cited: Sections 10553, 10554, and 16120.1(a), Welfare and Institutions Code.

Reference: Section 16120.1, Welfare and Institutions Code and 45 CFR 1356.40 and 1356.41(g); 42 USC 673.

Repeal Section 35352.3 to read:

35352.3 AGENCY REQUIREMENTS FOR REIMBURSEMENTS

35352.3

- (a) ~~The county responsible for the child's Adoption Assistance Program (AAP) payment shall be the county responsible for the direct reimbursement to that child's adoptive parents for their nonrecurring adoption expenses as required by Welfare and Institutions Code Section 16120.1. This reimbursement shall be separate from the child's AAP payment as required by Welfare and Institutions Code Section 16120.1(d).~~

HANDBOOK BEGINS HERE

- (1) ~~Welfare and Institutions Code Section 16120.1, in pertinent part, states:~~

- (A) ~~"Upon the authorization of the department or, where appropriate, the county responsible for determining the child's Adoption Assistance Program eligibility status and for providing financial aid, the responsible county providing adoption assistance program payments shall directly reimburse eligible individuals for reasonable nonrecurring expenses, as defined by the department, incurred as a result of the adoption of a child eligible for the Adoption Assistance Program.... Reimbursements shall conform to the eligibility criteria and claiming procedures established by the department...."~~

- (2) ~~Welfare and Institutions Code Section 16120.1(d) states:~~

- (A) ~~"Reimbursement for nonrecurring expenses shall be in addition to any adoption expenses paid pursuant to Section 16121 and shall not be included in the computation of maximum benefits for which the family is eligible pursuant to Section 16121."~~

HANDBOOK ENDS HERE

- (b) ~~The state shall reimburse counties for payments made to adoptive parents of AAP eligible children as mandated by Welfare and Institutions Code Section 16120.1.~~

HANDBOOK BEGINS HERE

- (1) ~~Welfare and Institutions Code Section 16120.1, in pertinent part, states:~~

- (A) ~~"...The State shall provide payment to the county for the reimbursement...."~~

HANDBOOK ENDS HERE

- (e) ~~Reimbursement for nonrecurring adoption expenses is contingent upon the ongoing existence of the federal program for these reimbursements as mandated by Welfare and Institutions Code Section 16120.1(c).~~

HANDBOOK BEGINS HERE

- (1) ~~Welfare and Institutions Code Section 16120.1(c), in pertinent part, states:~~

- (A) ~~"...No payments shall be made under this section if the federal program for reimbursement of nonrecurring expenses for the adoption of children eligible for the Adoption Assistance Program pursuant to Section 673 of Title 42 of the United States Code is terminated."~~

HANDBOOK ENDS HERE

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code.

Reference: Section 16120.1, Welfare and Institutions Code.

Amend Section 45-801 to read:

45-801 DEFINITIONS

45-801

The definitions specified in Title 22, California Code of Regulations (CCR), Section 35000 shall apply in this chapter.

~~HANDBOOK BEGINS HERE~~

~~.1 CCR Title 22, Section 35000 states in part:~~

- ~~.11 "AAP-Eligible Child" means a child who meets the eligibility criteria of Welfare and Institutions Code Section 16120 found in Section 35326.~~
- ~~.12 "Agency" means a licensed California public or private adoption agency, or the department's adoption district offices.~~
- ~~.13 "County" means the income maintenance division in each county welfare department responsible for federal and state eligibility determination and payment of AAP benefits.~~
- ~~.14 "Recertification" means the process by which the agency and the adoptive parent determine whether there are any changes in either the child's needs or the adoptive parent's circumstances which affect eligibility for and/or duration of and/or amount of adoption assistance payments.~~

~~HANDBOOK ENDS HERE~~

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code.

Reference: Sections 16118, 16120 and 16120.05, Welfare and Institutions Code and 42 USC 673.

Amend Section 45-802 to read:

45-802 AAP ELIGIBILITY

45-802

- .1 To be eligible for AAP, the child shall meet the requirements under either the federal program or the state program specified in Welfare and Institutions Code Section 16120.
- ~~.11 For purposes of state AAP benefits, the agency shall have determined that the child is an AAP-eligible child who meets the conditions specified in Welfare and Institutions Code Section 16120.~~

HANDBOOK BEGINS HERE

- ~~.111 Welfare and Institutions Code Section 16120 states:~~

~~"A child shall be eligible for Adoption Assistance Program benefits if all of the following conditions are met:~~

- ~~(a) The child has at least one of the following characteristics that are barriers to his or her adoption:~~
 - ~~(1) Adoptive placement without financial assistance is unlikely because of membership in a sibling group that should remain intact or by virtue of race, ethnicity, color, language, age of 3 years older, or parental background of a medical or behavioral nature that can be determined to adversely affect the development of the child.~~
 - ~~(2) Adoptive placement without financial assistance is unlikely because the child has a mental, physical, emotional or medical disability that has been certified by a licensed professional competent to make an assessment and operating within the scope of his or her profession. This paragraph shall also apply to children with a developmental disability pursuant to Welfare and Institutions Code Section 4512 subdivision (a), including those determined to require out of home nonmedical care as defined in Welfare and Institutions Code Section 11464.~~
- ~~(b) The need for adoption subsidy is evidenced by an unsuccessful search for an adoptive home to take the child without financial assistance as documented in the case file of the prospective adoptive child. The requirement for this search shall be waived when it would be against the best interest of the child because of the existence of significant emotional ties with prospective adoptive parents while in the care of these persons as a foster child.~~

- (e) ~~The child is the subject of an agency adoption as defined in Section 8506 of the Family Code and was any of the following:~~
 - (1) ~~Under the supervision of a county welfare department as the subject of a legal guardianship or juvenile court dependency,~~
 - (2) ~~Relinquished for adoption to a licensed California private or public adoption agency, or the department, and would otherwise have been at risk of dependency as certified by the responsible public child welfare agency, or~~
 - (3) ~~Committed to the department pursuant to Section 8805 or 8918 of the Family Code.~~
- (d) ~~The child is under 18 years of age, or under 21 years of age and has a mental or physical condition which warrants the continuation of assistance.~~
- (e) ~~The adoptive family is responsible for the child pursuant to the terms of an adoptive placement agreement or a final decree of adoption and has signed an adoption assistance agreement.~~
- (f) ~~The adoptive family is legally responsible for the support of the child and the child is receiving support from the adoptive parent.~~
- (g) ~~The department or the county responsible for determining the child's Adoption Assistance Program eligibility status and for providing financial aid, and the prospective adoptive parent, prior to or at the time the adoption decree is issued by the court, have signed an adoption assistance agreement that stipulates the need for, and the amount of, Adoption Assistance Program benefits."~~

~~HANDBOOK ENDS HERE~~

- .12 Adoption Assistance Agreements signed prior to October 1, 1992, shall be governed by Welfare and Institutions Code Section 16121.05(b).

~~HANDBOOK BEGINS HERE~~

- .121 ~~Welfare and Institutions Code Section 16121.05(b) states:~~

- "(b) ~~Children on whose behalf an adoption assistance agreement had been executed prior to October 1, 1992, shall continue to receive adoption assistance in accordance with the terms of that agreement."~~

HANDBOOK ENDS HERE

- .13 After the responsible public agency has determined that the child has met the conditions of Welfare and Institutions Code Section 16120, the county shall determine for purposes of federal and state AAP eligibility whether the child meets the requirements of ~~Sections 45-802.131, .132 or .133~~ Welfare and Institutions Code Section 16120 at the time the adoption petition is filed.
- ~~.131 The child shall meet all of the requirements necessary to receive aid under the Supplemental Security Income/State Supplementary Program (SSI/SSP); or~~
- ~~.132 The child shall meet all of the requirements necessary to receive aid under the federal AFDC-FC (Title IV-E foster care) program.~~
- ~~(a) A child for whom a facility received a federally funded infant supplement is eligible for federal AAP as long as the conditions of Welfare and Institutions Code Section 16120 are met.~~
- ~~.133 The child shall meet all of the requirements necessary to receive aid under the federal AFDC-FG or U program and be placed for adoption with the relative with whom the child has been living.~~

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code.

Reference: Sections 16120 and 16121.05(b), Welfare and Institutions Code and 42 USC 673.

Amend Section 45-803 to read:

45-803 COUNTY OF RESPONSIBILITY (Continued)

45-803

- .2 The determination of the county responsible for the actions in Section 45-803.1 shall be made in accordance with Welfare and Institutions Code Section 16118(e).

HANDBOOK BEGINS HERE

- ~~.21 Welfare and Institutions Code Section 16118(e), in pertinent part, states:~~

~~"For purposes of this chapter, the county responsible for determining the child's Adoption Assistance Program eligibility status and for providing financial aid in the amount determined in Sections 16120 and 16120.1 shall be the county that at the time of the adoptive placement would otherwise be responsible for making a payment pursuant to Section 11450 under the CalWORKs program or Section 11461 under the Aid to Families with Dependent Children Foster Care program if the child were not adopted. When the child has been voluntarily relinquished for adoption prior to a determination of eligibility for such a payment, the responsible county shall be the county in which the relinquishing parent resides. The responsible county for all other eligible children shall be the county where the child is physically residing prior to placement with the adoptive family."~~

HANDBOOK ENDS HERE

- .3 (Continued)

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code.

Reference: Section 16118, Welfare and Institutions Code.

Amend Section 45-804 to read:

45-804 PAYMENT

45-804

.1 County Actions and Payment Amount

.11 Upon receipt of the Payment Instructions - Adoption Assistance Program form (AAP 2) and the Eligibility ~~Criteria~~ Certification - Adoption Assistance Program form (AAP 4) from the responsible public agency, the county shall determine whether the child meets the requirement for federal or state AAP eligibility as specified in ~~Section 45-802.13~~ Welfare and Institutions Code Section 16120.

.111 When the child meets the requirements of ~~Sections 45-802.131, .132, or .133~~ Welfare and Institutions Code Sections 16120(j), (m), and (l), FFP shall be claimed in the AAP payment up to the maximum of the AFDC-FC payment for the child if in a foster family home. (Continued)

.113 When a child meets the requirements of ~~MPP Section 45-802.11~~ Welfare and Institutions Code Sections 16120(i) and (l), state participation shall be claimed for the AAP payment up to the amount which would have been paid had the child remained or been placed in foster care. (Continued)

.3 Payee and Delivery (Continued)

.32 Except as provided in .321 below, AAP payments shall be delivered monthly in advance. (Continued)

~~.4~~ Recertification and Restoration of Payment

~~.41~~ .323 After initial authorization of payment, the county shall take action to ~~restore, increase, suspend, decrease, or discontinue~~ terminate payment as instructed by the responsible public agency on the AAP 2.

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code.

Reference: Sections 16121, Welfare and Institutions Code and 42 USC 673.

Amend Section 45-805 to read:

45-805 RECERTIFICATION OF ELIGIBILITY REASSESSMENT

45-805

- .1 The county shall mail the adoptive parent(s) the ~~Recertification~~ Reassessment Information - Adoption Assistance Program form (AAP 3) at least 60, and not more than 90, calendar days prior to the date ~~recertification~~ reassessment is due and shall document in the case record the date such form was mailed.
- .2 ~~Recertification shall be due at the end of the last month of payment specified on the most recent Payment Instructions - Adoption Assistance Program form (AAP 2).~~

HANDBOOK BEGINS HERE

- .211 EXAMPLE: The beginning date of payment is May 13, 1993. Recertification Reassessment is due on April 30, 1995. The Recertification Reassessment Information form shall be sent to the adoptive parent(s) before March 2, 1995.

HANDBOOK ENDS HERE

- .3 ~~The county shall not provide assistance beyond the end of the last month of payment indicated on the AAP 2 unless continued assistance is authorized by the agency on a subsequent AAP 2.~~
- .31 ~~If the county has not received the AAP 2 by the 10th of the month prior to the date recertification is due, the county is not required to meet the payment time frames specified in Section 45-804.321 but shall meet the time frames specified in Section 45-804.322.~~

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code.

Reference: Section 16120.05, Welfare and Institutions Code.

Amend Section 45-806 to read:

Post-hearing: Amend Section 45-806 to read:

45-806 NOTICE OF ACTION

45-806

- .1 The county shall mail the adoptive parent(s) adequate notice as defined in MPP Section 22-001(a-)(1), and if applicable Section 22-001(l)(1), after receiving notice from the responsible public agency of any of the following events: (Continued)
- ~~.2 The county shall send adequate notice of action to the adoptive parent with the Recertification Information Adoption Assistance Program form (AAP 3) stating that assistance will stop on the date recertification is due if recertification is not completed.~~
- .32 (Continued)
- .43 When county action would result in a ~~discontinuance, suspension, termination~~ or decrease in payment, the county shall mail adequate and timely notice as defined in MPP Sections 22-001(a-)(1) and 22-001(t-)(1). Such notice shall be mailed to the adoptive parent(s) at least ten days prior to the effective date of the proposed action.
- .54 When the county sends a Notice of Action to the adoptive parent(s), the county shall also send a copy of such notice to the responsible public agency.
- .65 (Continued)

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code ~~and Section 1530, Health and Safety Code.~~

Reference: Section 16121.05, Welfare and Institutions Code and 45 CFR 205.10 and 1355.30.

Amend Section 45-807 to read:

45-807 MAINTENANCE OF CASE RECORD

45-807

- .1 The county AAP case record shall contain copies of the following: (Continued)
- .13 The Income and Property Checklist for Federal Eligibility Determination - Adoption Assistance Program form (FC 10) ~~from the agency supporting the determination that the child meets the federal AAP eligibility requirements of Section 45-803.~~
- .14 All Notices of Action sent to the adoptive parent(s) and the ~~adoption~~ responsible public agency.
- ~~.15 The Health Insurance Questionnaire (DHS 6155).~~

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code.

Reference: Section 16118, Welfare and Institutions Code.

REPEALED

REQUEST FOR ADOPTION ASSISTANCE PROGRAM BENEFIT

The Adoption Assistance Program (AAP) provides benefits to adoptive parents to enable them to meet the needs of AAP-eligible children who are available for adoption. The AAP benefit is a negotiated amount based on the needs of the child and the circumstances of the family determined through discussion between the responsible public agency and the adoptive parents. The maximum AAP benefit for which a child may qualify is based on what the child would have received in a licensed foster family home if he or she had remained in foster care.

I/We, _____ and _____, am/are
(NAME OF ADOPTIVE PARENT) (NAME OF ADOPTIVE PARENT)
considering adopting _____, born _____, My/Our
(NAME OF CHILD) (DATE OF BIRTH)

circumstances and the needs of the child are such that I/we will require assistance under the Adoption Assistance Program in order to agree to adopt this child.

Check (✓) one of the following:

- ☐ After the child is placed for adoption, I/we will require assistance in meeting his or her needs. I am/We are providing the following information to assist the agency in determining whether assistance may be provided, and in what amount. I/We understand that for assistance to be provided, the agency and I/we must agree on the amount, timing and duration of the assistance.
- ☐ I/We do not require assistance at this time, but wish to complete a deferred agreement with the agency which shall permit such assistance at a later date, due to the child's known medical condition or physical, mental or emotional disability, or other health condition.

1. CHILD'S INCOME

a. This Child's Monthly Unearned Income

Social Security \$ _____
(MONTHLY)
SSI/SSP \$ _____
(MONTHLY)
Other \$ _____
(MONTHLY)
Child's Total Income: \$ _____ X 12 = \$ _____
(MONTHLY) (ANNUAL)

2. HEALTH INSURANCE

Does the family have Health Insurance ☐ YES ☐ NO

If YES, name of Insurance Plan: _____

Is the child to be covered by this Insurance? ☐ YES ☐ NO

If NO, reason: _____

3. OTHER INFORMATION

a. Is the child a Regional Center client? ☐ YES ☐ NO

If YES, which Regional Center: _____

4. MONTHLY AAP BENEFIT REQUESTED, IF ANY

☐ For Basic Care (Food, Clothing, Shelter, etc.)

☐ For care and supervision based on the child's special needs.

☐ Medi-Cal Only.

Please provide a description of your child's special needs and the required extra care and supervision that would qualify him or her for a special care increment.

5. Please describe the impact, if any, that adopting this child might have on your family circumstances (i.e., lifestyle, standard of living).

I/We certify through my/our signature(s) that the information provided in this request for adoption assistance is true and correct to the best of my/our knowledge and belief. I/We make this statement under the penalty of perjury and understand that any willful concealment or misstatement of material fact in this request for adoption assistance may subject me/us to the penalties prescribed for perjury in the California Penal Code.

SIGNATURE OF ADOPTIVE PARENT

DATE _____

SIGNATURE OF ADOPTIVE PARENT

DATE _____

ADOPTED

REQUEST FOR ADOPTION ASSISTANCE PROGRAM BENEFIT

The Adoption Assistance Program (AAP) provides benefits to adoptive parents to enable them to meet the needs of AAP-eligible children who are available for adoption. The AAP benefit is a negotiated amount based on the needs of the child and the circumstances of the family determined through discussion between the responsible public agency and the adoptive parents. The maximum AAP benefit for which a child may qualify is based on what the child would have received in a licensed foster family home if he or she had remained in foster care.

I/We, _____ and _____, am/are
(NAME OF ADOPTIVE PARENT) (NAME OF ADOPTIVE PARENT)
considering adopting _____, born _____, My/Our
(NAME OF CHILD) (DATE OF BIRTH)

circumstances and the needs of the child are such that I/we will require assistance under the Adoption Assistance Program in order to agree to adopt this child.

Check (✓) one of the following:

- ☐ After the child is placed for adoption, I/we will require assistance in meeting his or her needs. I am/We are providing the following information to assist the agency in determining whether assistance may be provided, and in what amount. I/We understand that for assistance to be provided, the agency and I/we must agree on the amount, timing and duration of the assistance.
- ☐ I/We do not require assistance at this time, but wish to complete a deferred agreement with the agency which shall permit such assistance at a later date, due to the child's known medical condition or physical, mental, emotional or developmental disability, or other health condition.

1. HEALTH INSURANCE

Does the family have Health Insurance ☐ YES ☐ NO

If Yes, name of Insurance Plan: _____

Is the child to be covered by this Insurance? ☐ YES ☐ NO

If No, reason: _____

2. OTHER INFORMATION

a. Is the child a Regional Center client? ☐ YES ☐ NO

If Yes, which Regional Center: _____

REPEALED**PAYMENT INSTRUCTIONS
ADOPTION ASSISTANCE PROGRAM****DISTRIBUTION:**

Original : County Welfare Department
Copy : Agency File

AAP PAYMENT CASE NUMBER
STATE ADOPTIONS CASE NUMBER
ADOPTION AGENCY CASE NUMBER
ADA

CHILD'S ADOPTIVE NAME	CHILD'S BIRTHDATE
-----------------------	-------------------

This is a: (Check applicable item(s))

- | | |
|---|---|
| ☐ New case; Form AAP 4, Eligibility Certification - Adoption Assistance Program is attached. | ☐ Change in amount or duration of payment due to:
(Check (✓) one) |
| ☐ Denial, please send notice of action. | ☐ Completed recertification. |
| ☐ Deferred payment agreement, please send notice of action. | ☐ Change in need or circumstances. |
| ☐ Change in child's name, payee name or address. | ☐ Ineligibility. |

Reason for change or denial to be used on notice of action: _____

I certify that this child is eligible for the Adoption Assistance Program. Please start or change payments as follows:

Monthly payment amount: ☐ \$ _____ or ☐ No cash payment, Medi-Cal only

Beginning date: _____ Ending date: _____

Check one:

- ☐
- This monthly payment amount is not greater than the AFDC-FC payment that would have been made if the child were placed in a foster family home.

AFDC-FC payment that would have been made in a foster family home, including any applicable specialized care increment:
\$ _____ per month.

- ☐
- The child is placed outside of the adoptive home and the monthly payment amount is no greater than the AFDC-FC payment that would have been made if the child were a foster child in the out of home placement.

Name of out of home placement: _____

State-approved facility rate: \$ _____ per month.

Health Insurance

- ☐
- The family reports that the child has no health insurance.
-
- ☐
- The family reports that the child has health insurance with: _____
-
- Department of Health Services Health Insurance Questionnaire (Form DHS 6155) is attached.)

PAYEE NAME	SIGNATURE OF AUTHORIZED OFFICIAL OF ADOPTION AGENCY *	
PAYEE ADDRESS (NO.) (STREET)	ADOPTION AGENCY MAILING ADDRESS	
(CITY) (STATE) (ZIP)		
PAYEE TELEPHONE	TELEPHONE NUMBER	DATE

* To be used by child's agency for cooperative placements.

ADOPTED**PAYMENT INSTRUCTIONS
ADOPTION ASSISTANCE PROGRAM****DISTRIBUTION:**

Original : County Welfare Department
Copy : Agency File

AAP PAYMENT CASE NUMBER
STATE ADOPTIONS CASE NUMBER
ADOPTION AGENCY CASE NUMBER
ADA

CHILD'S ADOPTIVE NAME	CHILD'S BIRTHDATE
-----------------------	-------------------

This is a: *(Check applicable item(s))*

- ☐ New case; Form AAP 4, Eligibility Certification - Adoption Assistance Program is attached, please send notice of action.
- ☐ Denial, please send notice of action.
- ☐ Deferred payment agreement, please send notice of action.
- ☐ Change in child's name, payee name or address.

- ☐ Change in amount or duration of payment due to:
(Check (✓) one)
- ☐ Completed reassessment.
- ☐ Change in need or circumstances.
- ☐ Ineligibility.

Reason for change or denial to be used on notice of action: _____

I certify that this child is eligible for the Adoption Assistance Program. Please start or change payments as follows:

Monthly payment amount: ☐ \$_____ or ☐ No cash payment, Medi-Cal only

Beginning date:_____ Ending date:_____

Check one:

- ☐ This monthly payment amount is not greater than the payment that would have been made if the child were placed in a foster family home.

The payment that would have been made in a foster family home, including any applicable specialized care increment: \$_____ per month.

- ☐ The child is placed outside of the adoptive home and the monthly payment amount does not exceed the maximum state-approved facility rate for which the child is eligible.

Name of out of home placement: _____

State-approved facility rate: \$_____ per month.

Health Insurance

- ☐ The family reports that the child has no health insurance.
- ☐ The family reports that the child has health insurance with: _____

PAYEE NAME			SIGNATURE OF AUTHORIZED OFFICIAL OF ADOPTION AGENCY *		
PAYEE ADDRESS (NO.) (STREET)			ADOPTION AGENCY MAILING ADDRESS		
(CITY) (STATE) (ZIP)					
PAYEE TELEPHONE NUMBER			TELEPHONE NUMBER		DATE
PAYEE EMAIL ADDRESS					

* To be used by child's agency for cooperative placements.

REPEALED

REASSESSMENT INFORMATION - ADOPTION ASSISTANCE PROGRAM

CHILD'S NAME

CHILD'S DATE OF BIRTH

CHILD'S AAP BENEFIT CASE NUMBER

COUNTY

DUE DATE (14 DAYS AFTER DATE MAILED)

The purpose of this form is to provide the adoption agency with an update of the needs of the child for whom you are receiving an Adoption Assistance Program (AAP) benefit and Medi-Cal coverage. Failure to complete and return this form within two weeks (14) days of the date it was mailed may cause interruption or delay in your receipt of the benefit. If this form is not returned to the adoption agency by the date it is due, the agency will conclude that an AAP benefit is no longer required and the AAP benefit and Medi-Cal coverage may stop. **Please complete, sign and date this form within two weeks**, attaching extra sheets if necessary, and send it to:

NAME OF ADOPTION AGENCY

ADDRESS

TELEPHONE
()**Check (✓) one of the following:**

- ☐ We are legally responsible for the support of the child, and we are supporting the child.
- ☐ We are no longer legally responsible for the support of the child.
- ☐ We are no longer supporting the child.

Check (✓) one of the following

- ☐ 1. I/We no longer wish to receive an AAP benefit and/or Medi-Cal coverage for the above-named child. If the child's need change, I/we may contact the agency at that time.
- ☐ 2. I/We continue to need an AAP benefit and/or Medi-Cal coverage for the above named child. The needs of the child have not changed to warrant a reduced level of payment, nor has there been any change in the child's income. I/We request that the AAP benefit continue at the current level. I/We understand that my/our child's next reassessment date will be on _____
NEXT REASSESSMENT DATE
- ☐ 3. I/We continue to need an AAP benefit and/or Medi-Cal coverage for the above named child. I am/we are requesting an increase in the AAP benefit because the needs of the child have changed. I am/we are providing the agency the following information to assist the agency in determining whether or not increased assistance will be granted, and if so, in what amount. **(Please complete Section I.)**
- ☐ 4. I/We continue to need an AAP benefit and/or Medi-Cal coverage for the above named child. I/We request that the AAP benefit for the above named child be decreased to \$ _____ because the needs of the child have changed. I/We understand if at anytime the child's needs change we may contact the agency to renegotiate the AAP benefit.

REPEALED

SECTION I

1. I am/We are requesting an increased AAP benefit based on the following needs of the child and circumstances of the family:

☐ I have attached written documentation to assist the adoption agency in making its determination.

2. CHILD'S INCOME

- a. This Child's Monthly Unearned Income

Social Security \$
(MONTHLY)
SSI/SSP \$
(MONTHLY)
Other \$
(MONTHLY)
Child's Total Income: \$ X 12 = \$
(MONTHLY) (ANNUAL)

3. HEALTH INSURANCE

Does the family have Health Insurance ☐ YES ☐ NO

If YES, name of Insurance Plan:

Is the child currently covered by this Insurance? ☐ YES ☐ NO

If NO, reason:

4. OTHER INFORMATION

- a. Is the child a Regional Center client? ☐ YES ☐ NO

If YES, which Regional Center:

5. MONTHLY AMOUNT OF AAP BENEFIT CURRENTLY RECEIVED, IF ANY

For Basic Care (Food, Clothing, Shelter, etc.) \$

For Meeting Special Needs \$

I/We certify through my/our signature(s) that the information provided in this Reassessment Information - Adoption Assistance Program form is true and correct to the best of my/our knowledge and belief. I/We make this statement under the penalty of perjury and understand that any willful concealment or misstatement of material fact in this request for adoption assistance may subject me/us to the penalties prescribed for perjury in the California Penal Code.

SIGNATURE OF ADOPTIVE PARENT

Date

SIGNATURE OF ADOPTIVE PARENT

Date

FAMILY ADDRESS

TELEPHONE

ADOPTED**REASSESSMENT INFORMATION -
ADOPTION ASSISTANCE PROGRAM**

CHILD'S NAME

CHILD'S DATE OF BIRTH

CHILD'S AAP BENEFIT CASE NUMBER

COUNTY

DUE DATE (14 DAYS AFTER DATE MAILED)

The purpose of this form is to provide the responsible public agency with an update of the needs of the child for whom you are receiving an Adoption Assistance Program (AAP) benefit and Medi-Cal coverage. **Please complete, sign and date this form within two weeks**, attaching extra sheets if necessary, and send it to:

NAME OF RESPONSIBLE PUBLIC AGENCY

ADDRESS

TELEPHONE
()**Check (✓) one of the following:**

- ☐ We are legally responsible for the support of the child, and we are supporting the child.
- ☐ The above-named child has attained the age of 18 or 21.
- ☐ We are no longer legally responsible for the support of the above-named child.
- ☐ We are no longer supporting the above-named child.

Check (✓) one of the following

- ☐ 1. I/We no longer wish to receive an AAP benefit and/or Medi-Cal coverage for the above-named child. If the child's need change, I/we may contact the agency at that time.
- ☐ 2. I/We continue to need an AAP benefit and/or Medi-Cal coverage for the above named child. The needs of the child have not changed to warrant a reduced level of payment. I/We request that the AAP benefit continue at the current level.
- ☐ 3. I/We continue to need an AAP benefit and/or Medi-Cal coverage for the above named child. I am/we are requesting an increase in the AAP benefit because the needs of the child have changed. I am/we are providing the agency the following information to assist the agency in determining whether or not increased assistance will be granted, and if so, in what amount. **(Please complete Section I.)**
- ☐ 4. I/We continue to need an AAP benefit and/or Medi-Cal coverage for the above named child. I/We request that the AAP benefit for the above named child be decreased to \$_____ because the needs of the child have changed. I/We understand if at anytime the child's needs change we may contact the agency to renegotiate the AAP benefit.

I/We understand that my/our child's next reassessment date will be on _____
NEXT REASSESSMENT DATE

SECTION I

1. I am/We are requesting an increased AAP benefit based on the following needs of the child and circumstances of the family:

☐ I have attached written documentation to assist the adoption agency in making its determination.

2. HEALTH INSURANCE

Does the family have Health Insurance ☐ YES ☐ NO

If Yes, name of Insurance Plan: _____

Is the child currently covered by this Insurance? ☐ YES ☐ NO

If No, reason: _____

3. OTHER INFORMATION

a. Is the child a Regional Center client? ☐ YES ☐ NO

If Yes, which Regional Center: _____

4. MONTHLY AMOUNT OF AAP BENEFIT CURRENTLY RECEIVED, IF ANY

☐ Total Monthly Amount: \$ _____

Basic Rate: \$ _____

Special Care Increment: \$ _____

Wraparound: \$ _____

Out-of-Home Placement: \$ _____

Dual Agency Rate plus eligible Supplement Rate: \$ _____

I/We certify through my/our signature(s) that the information provided in this Reassessment Information - Adoption Assistance Program form is true and correct to the best of my/our knowledge and belief. I/We make this statement under the penalty of perjury and understand that any willful concealment or misstatement of material fact in this request for adoption assistance may subject me/us to the penalties prescribed for perjury in the California Penal Code.

SIGNATURE OF ADOPTIVE PARENT _____

DATE _____

SIGNATURE OF ADOPTIVE PARENT _____

DATE _____

FAMILY ADDRESS

TELEPHONE

()

EMAIL ADDRESS

REPEALED**ELIGIBILITY CERTIFICATION
ADOPTION ASSISTANCE PROGRAM****DISTRIBUTION:**Original : County Welfare Department
Copy : Agency File

CHILD'S ADOPTIVE NAME	
CHILD'S DATE OF BIRTH	
STATE ADOPTION CASE NO. AOA	ADOPTION AGENCY CASE NO.
AAP CASE NO.	

Barriers to Adoption: (At least one statement must be true.)

Adoptive placement without financial assistance is unlikely because of:

- ☐ Membership in a sibling group that should remain intact.
- ☐ Race, ethnicity, color or language. Specify: _____
- ☐ Age of 3 years or older (Date child became 3: ____/____/____)
- ☐ Parental background of a medical or behavioral nature that can be determined to adversely affect the development of the child. Specify: _____
- ☐ The child's mental, physical, emotional or medical disability that has been certified by a licensed professional competent to make an assessment and operating within the scope of his or her profession. A copy of this certification is in the adoption agency AAP case record.
- Disability: _____
- Professional certifying disability and date certified: _____

Search for non-subsidy placement: (One statement must be true.)

- ☐ The need for adoption subsidy is evidenced by an unsuccessful search for an adoptive home to take the child without financial assistance.
- Search efforts included: _____
- _____
- _____
- ☐ The search requirement was waived as remaining in this home is in the child's best interest because of the existence of significant emotional ties with prospective adoptive parents while in the care of these persons as a foster child.
- Date child began living with family: _____

Age: (One statement must be true.)

- ☐ The child is under 18 years of age. Date child will become 18: _____ or
- ☐ The child is under 21 years of age and has a mental or physical handicap which warrants the continuation of assistance.
- Date child will become 21: _____

Agency Supervision: (Both statements must be true.)

- ☐ The child is the subject of an agency adoption as defined in Section 8506 of the Family Code, and
- ☐ At the time of adoptive placement, the child was: (One statement must be true.)
- ☐ Under the supervision of a county welfare department as the subject of a legal guardianship or juvenile court dependency.

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- ☐ Relinquished for adoption to a licensed California private or public adoption agency, or the department, and would otherwise have been at risk of dependency as certified by the responsible public child welfare agency;
County providing certification: _____ Date of certification: _____ or
- ☐ Committed to the California Department of Social Services pursuant to Section 8805 or 8918 of the Family Code.

Family Responsibility: (All statements must be true.)

- ☐ The adoptive family is responsible for the child pursuant to the terms of an adoptive placement agreement or a final decree of adoption.
Date adoptive placement agreement signed: _____
- ☐ The child is receiving support from the adoptive parent.
- ☐ The California Department of Social Services or the licensed county adoption agency responsible for determining the child's Adoption Assistance Program eligibility status and for providing financial aid, and the prospective adoptive parent, prior to or at the time the adoption decree is issued by the court, have signed an adoption assistance agreement that stipulates the need for, and the amount of, Adoption Assistance Program benefits.
Date Adoption Assistance Agreement signed: _____

FEDERAL ELIGIBILITY INFORMATION: (Each statement may, or may not, be true.)

We are providing the following information on the above-named child for the purpose of determining federal eligibility for Adoption Assistance Program payments. Verification of the following information is in our case record.

- ☐ 1. The child meets the eligibility requirements for Supplemental Security Income benefits (SSI/SSP).
- ☐ 2. The child meets one of the following eligibility requirements for federal AFDC-FC (Title IV-E foster care):
- ☐ a. In the month of the petition which led to the court order for removal of the child from his or her parent(s) or relative, the child met the linkage determination for federal AFDC-FC; and
The court order is either still in effect, or dismissed because the child was relinquished for adoption or freed from parental control of one or more parents, or
 - ☐ b. Child is voluntarily placed and receiving federal AFDC-FC.
- ☐ 3. The child meets the eligibility requirement for federal AFDC-FG or U and has been placed for adoption with the caretaker relative with whom the child has been living.

We have reviewed the income and property status of the child, and have determined that at the time the petition for adoption will be filed, the child either:

- ☐ Will have no income available and own no property.
- ☐ Will own property and/or have income available as listed below.

MONTHLY INCOME AVAILABLE		PROPERTY OWNED	
SOURCE	AMOUNT	TYPE OF PROPERTY	AMOUNT/VALUE
		PERSONAL PROPERTY CASH AND SECURITIES	
		OTHER PERSONAL PROPERTY (SPECIFY)	
		a.	
		b.	
		REAL PROPERTY (SPECIFY)	

I certify that this case is eligible for the Adoption Assistance Program.

SIGNATURE OF AUTHORIZED OFFICIAL OF PUBLIC ADOPTION AGENCY

DATE

ADOPTION AGENCY NAME

ADOPTION AGENCY ADDRESS

ADOPTION AGENCY TELEPHONE NUMBER

SIGNATURE OF AUTHORIZED OFFICIAL OF COUNTY WELFARE DEPARTMENT

COUNTY NAME

DATE

COUNTY ELIGIBILITY WORKER USE ONLY

- ☐ Eligible for FFP.
Item No. 1 checked.
- ☐ Eligible for FFP.
Items No. 2, 2a and 2b checked and child meets income and property requirements.
- ☐ Eligible for FFP.
Item No. 3 checked and child meets income and property requirements.
- ☐ Not eligible for FFP.

ADOPTED**ELIGIBILITY CERTIFICATION
ADOPTION ASSISTANCE PROGRAM****DISTRIBUTION:**

Original : County Welfare Department
Copy : Agency File

CHILD'S ADOPTIVE NAME	
CHILD'S DATE OF BIRTH	
STATE ADOPTION CASE NO. ADA	ADOPTION AGENCY CASE NO.
AAP CASE NO.	

To be AAP eligible a child must be under the age of 18 and meet the criteria stated in Section I, Section II **and** Section III **or** Section IV.

Date the child will become age 18: _____

I. THREE PART SPECIAL NEEDS DETERMINATION

Verification of the information is documented in the child's case records. The above-named child meets all of the following three requirements:

1. The child cannot or should not be returned to the home of his or her parents due to a petition to terminate parental rights, a court order terminating parental rights, a signed relinquishment or the court has given full faith and credit to a tribal customary adoption order. ☐
2. Adoptive placement without financial assistance is unlikely due to one of the following:

- ☐ Membership in a sibling group that should remain intact.
- ☐ Race, ethnicity, color or language. Specify: _____
- ☐ Age of three years or older (Date child became three: ____ / ____ / ____)
- ☐ Parental background of a medical or behavioral nature that can be determined to adversely affect the development of the child. Specify: _____
- ☐ The child's mental, physical, emotional, medical or developmental disability that has been certified by a licensed professional competent to make an assessment and operating within the scope of his or her profession. A copy of this certification is in the adoption agency AAP case record.

Disability: _____

Professional certifying disability and date certified: _____

3. An effort was made to place the child for adoption with appropriate parents without providing AAP benefits. One of the following statements must be met:

- ☐ The need for adoption subsidy is evidenced by an unsuccessful search for an adoptive home to take the child without financial assistance.

Search efforts included: _____

- ☐ The search requirement was waived as remaining in this home is in the child's best interest because the child is being adopted by a relative or there is the existence of significant emotional ties with the prospective adoptive parents while in their care as a foster child

Date child began living with the relative or prospective adoptive parents: _____

II. CITIZENSHIP

Verification of the following information is documented in the child's case records. The above-named child meets **one** of the following citizenship requirements:

- ☐ The child is a citizen of the United States or a qualified alien.
- ☐ The child entered the United States on or after August 22, 1996, is placed with an unqualified alien and meets the five year residency requirements.
- ☐ The child is a member of one of the exempted groups (refugees, asylees, aliens whose deportation was withheld, Cuban/Haitian or Amerasians from Vietnam.)

III. TITLE IV-E (federal) ELIGIBILITY INFORMATION

To be Title IV-E eligible Section A or B must be completed. If the child meets the definition of an "Applicable Child" complete Section B.

A. Verification of the information is documented in the child's case records. The above-named child meets **one** of the following Title IV-E eligibility requirements:

- ☐ 1. Prior to the finalization of an Agency adoption as defined in Section 8506 of the Family Code, or an Independent adoption, as defined in Section 8524 of the Family Code is filed, the child meets the eligibility requirements for Supplemental Security Income (SSI) benefits as determined and documented by the Federal Social Security Administration (SSA.)
- ☐ 2. At the time the child was removed from the home of the specified relative, the child met the AFDC eligibility requirements in the home of removal.
 - ☐ a. The child's removal from the home was based on judicial determination in the first court ruling that to remain in the home would be contrary to the child's welfare.
 - ☐ b. The child was voluntarily relinquished to a licensed public or private adoption agency, or another public agency operating a Title IV-E program on behalf of the state. The following must be obtained within six months of the time the child lived with a specified relative:
 - 1. A petition to the court to remove the child from the home of the specified relative.
 - 2. Judicial determination that remaining in the home would be contrary to the child's welfare.
 - ☐ c. Child is voluntarily placed and has received at least one Title IV-E FC payment.
- ☐ 3. At least one Title IV-E FC payment was made on behalf of the child's minor parent.
- ☐ 4. The child meets the special needs criteria and received AAP benefits with respect to a prior adoption that dissolved due to the termination of the adoptive parent's parental rights or the death of an adoptive parent.
- ☐ 5. The child is an Indian child and the subject of a tribal customary adoption order.

B. Applicable Child

Verification of the following information is documented in the child's case records. The above named child meets **one** of the following "applicable child" requirements:

- ☐ The child's age is _____ in Federal Fiscal Year _____.
 - ☐ The child has been in foster care under the care of a Title IV-E agency for 60 consecutive months.
 - ☐ The child's sibling is an "applicable child" and is placed in the same prospective adoptive home of his or her sibling.
- The above-named child is an "applicable child" and meets **one** of the following Title IV-E eligibility requirements. Verification of the following information is documented in the child's case records:
- ☐ 1. The child is in the care of a public or private child placement agency or Indian tribal organization and is the subject of either one of the following:
 - ☐ a. An involuntary removal from the home in accordance with a judicial determination that continuation in the home would be contrary to the welfare of the child;
 - ☐ b. A voluntary placement agreement or voluntary relinquishment. Note: A Title IV-E FC maintenance payment or judicial determination is **not** required for an "Applicable Child".
 - ☐ 2. The child has met all medical or disability eligibility requirements for federal Supplemental Security Income (SSI) benefits.
 - ☐ 3. The child was residing in a foster family home or child care institution with the child's minor parent.
 - ☐ 4. The child received AAP with respect to a prior adoption that dissolved due to the termination of the adoptive parental rights or the death of an adoptive parent.

ADOPTED

IV. STATE ELIGIBILITY INFORMATION

Verification of the following information is documented in the child's case records. The above-named child does not meet the Title IV-E eligibility requirements but does meet the following State funding eligibility requirements:

- ☐ The child is the subject of an Agency adoption as defined in Section 8506 of the Family Code, and
- ☐ At the time of adoptive placement, the child met **one** of the following requirements:
- ☐ a. Under the supervision of a county welfare department as the subject of a legal guardianship or juvenile court dependency;
 - ☐ b. Relinquished for adoption to a licensed California private or public adoption agency, or the Department, and would otherwise have been at risk of dependency as certified by the responsible public child welfare agency;
County providing certification: _____ Date of certification: _____ or
 - ☐ c. Committed to the California Department of Social Services pursuant to Section 8805 or 8918 of the Family Code.

I certify that this case is eligible for the Adoption Assistance Program.

SIGNATURE OF AUTHORIZED OFFICIAL OF THE RESPONSIBLE PUBLIC AGENCY

ADOPTION AGENCY NAME

DATE

ADOPTION AGENCY ADDRESS

SIGNATURE OF AUTHORIZED OFFICIAL COUNTY WELFARE DEPARTMENT

COUNTY NAME

ADOPTION AGENCY TELEPHONE NUMBER

DATE

COUNTY ELIGIBILITY WORKER USE ONLY

- | | | |
|---|---|--|
| ☐ Eligible for Title IV-E (FFP)
Items I, II and III | ☐ Eligible for State only funding
Items I, II, and IV checked | ☐ Not eligible for FFP
or State only funding |
|---|---|--|

ADOPTION ASSISTANCE PROGRAM
NEGOTIATED BENEFIT AMOUNT AND APPROVAL☐ Initial ☐ Reassessment

Part A

Adoptive Parent's Name(s): _____

Child's Adoptive Name: _____ DOB: _____

Financially Responsible County: _____ Host County: _____

☐ Medi-Cal Only ☐ Deferred Agreement

Specialized Care Increment (SCI) Rate: ☐ Financially Responsible County ☐ Host County

Age-related state-approved foster family home rate (basic rate): \$ _____ SCL: \$ _____

☐ Dual Agency Child Dual Agency Rate: \$ _____ Supplemental Rate: \$ _____

☐ Out-of-Home Placement ☐ AAP Rate Classification Level (RCL): _____ State Approved Facility Rate: \$ _____

☐ Another Entity Basic Rate: \$_____ Share of Cost: \$_____

☐ Wraparound RCL: _____ RCL Rate: \$ _____

☐ One check to be issued by the county to the provider

☐ Two checks will be issued by the county, one check to the provider and a check to the adoptive parents

Child's Special Needs and Underlying Problem or Condition:

[illegible]

Part B

ADOPTED

ADOPTION ASSISTANCE PROGRAM NEGOTIATED BENEFIT AMOUNT AND APPROVAL FORM INSTRUCTIONS

The attached Adoption Assistance Program (AAP) Negotiated Benefit Amount and Approval form documents the process of assessing the child's needs and discussions with the family resulting in the approved negotiated AAP benefit. This form is to be completed in conjunction with initial and subsequent AAP agreements (AD 4320) and reassessments (AAP 3.) The form is to be completed by the adoptions social worker and approved by the adoptions supervisor.

The following are the steps to chronicle the process for completing the form:

1. Determine which county is financially responsible for the payment.
2. Identify and document the child's care and supervision needs including any special needs beyond basic care and supervision with direct observation of the child, discussions with the family, and review of case file documents.
3. Discuss with the adoptive family their specific circumstances such as the family's ability to integrate the child into their lifestyle, standard of living and future plans, as well as meeting the child's immediate and future needs.
 - a. If the adoptive parents decline the AAP benefit but wish to utilize Medi-Cal benefits, document the decision on the form and proceed with signing the AAP agreement.
 - b. If the adoptive parents decline the AAP benefit including Medi-Cal benefits, document this on the form and proceed with signing a deferred AAP agreement.
4. Assess whether the child's needs and the circumstances of the family can be met with the age-related, state-approved foster family home rate (basic rate.) If the child requires a benefit based on a special need in addition to the basic rate, document/describe special needs and any underlying problem or conditions.
 - a. If applicable, determine which county's Specialized Care Increment (SCI) rate will be used (host county or financially responsible county.) Discuss the option with the adoptive family.
 - b. To determine the eligible SCI amount, compare the child's documented needs with the specific criteria stated for each SCI rate level. Note: the AAP benefit amount may not exceed the amount the child would have received if he or she had been in foster care in a foster family home.
5. If the child is a current consumer of California Regional Center (CRC) services, the dual agency rate is \$2,006 and if applicable, the supplement to the rate not to exceed the maximum of \$3,006. CRC consumers who have received an AAP benefit prior to July 2007, which exceeds the maximum \$3,006 rate, may continue to receive the higher rate until the child is no longer eligible for AAP benefits or the adoption is dissolved.
 - a. If the child is under the age of three and receiving services under the California Early Intervention Services Act, but not yet determined by the CRC to have a developmental disability as defined by the Lanterman Act, the maximum AAP benefit is \$898 or the foster family home rate and applicable SCI rate, whichever is greater.
 - b. For children under the age of three determined by the CRC to have a developmental disability as determined by the Lanterman Act, the maximum dual agency rate is \$2,006. Dual agency children under the age of three are not eligible to receive the supplemental rate.

ADOPTED

6. If the child is placed in an approved out-of-home placement, the maximum AAP benefit is the state-approved foster care facility rate for which the child is placed.
 - a. The AAP may pay for an eligible out-of-home placement if the placement is justified by a specific episode or condition and does not exceed 18 months. After the initial authorized out-of-home placement, subsequent authorizations for payment must be based on an eligible child's subsequent and specific episode or conditions.
 - b. When another entity such as a CRC, county welfare department, or other program pays for the child's out-of-home placement cost, the maximum AAP benefit may be the state approved basic foster family home rate or their actual share of cost for their child's support, whichever is greater.
7. If the child is receiving wraparound services:
 - a. Document the eligible RCL:

For AAP purposes the highest rate stated in the most recent All County Letter is to be paid regardless if the child is federal or state only eligible.
 - b. The county issues one check to the provider who will then pay the AAP benefit to the adoptive family.
 - c. The county issues two checks one to the provider and one to the adoptive family (AAP benefit.)
8. The AAP benefit shall be based on the needs of the child and the circumstances of the family. Submit the negotiated maximum eligible AAP benefit to the adoptions supervisor for approval.
 - a. If there is no agreement on the AAP benefit, complete an AAP 2 with instructions to send a Notice of Action (NOA) to the adoptive family stating the requested AAP benefit is denied and the reason for the denial. The NOA provides the adoptive family instructions to request a fair hearing.
9. File the completed form in the AAP case file and include applicable supporting documentation.
10. Provide copies of the following to the adoptive family:
 - a. Signed AAP 6
 - b. Signed AD 4320
 - c. SCI Schedule/Criteria, if applicable
 - d. Dual Agency/CRC Eligibility Determination and Supplemental Rate documentation, if applicable and requested by the family

ADOPTED

ADOPTION ASSISTANCE PROGRAM NONRECURRING ADOPTION EXPENSES AGREEMENT

Adoptive parents may be reimbursed for nonrecurring adoption expenses of up to \$400 per adoption of a special needs child pursuant to Welfare and Institutions Code (W&IC) Section 16120.1. The term "nonrecurring adoption expenses" is defined as the reasonable and necessary adoption fees, court costs, attorney fees and other expenses which are directly related to the legal adoption of a child with special needs, which are not incurred in violation of State or Federal law, and which have not been reimbursed from other sources or funds.

Other allowable costs of the adoption incurred by or on behalf of the parents and for which parents carry the burden for payment, may include: the adoption homestudy, health and psychological examinations, supervision of the placement prior to the adoption, transportation and reasonable costs of lodging and food for the child and/or the adoptive parents when necessary to complete the adoption process.

To be eligible for nonrecurring adoption expenses the child must meet the three part special needs determination and be a United States citizen or qualified alien as stated in W&IC Section 16120 (a) through (c) and (I).

Financially Responsible County: _____ Adoptive Placement Date: _____
Name

☐ I/We, _____ and _____, have
Name of Parent Name of Parent
 entered into an agreement with the _____ for the Nonrecurring
Responsible Public Agency
 Adoption Expense Reimbursement Amount of \$ _____ for _____
Name of Child

Claim for payment including receipts and all related nonrecurring adoption expenses documentation is attached.

Or

☐ I/We have been notified that we may be eligible to receive these funds and the claim for payment including receipts and all related nonrecurring adoption expenses documentation will be submitted to _____ no later than _____
Responsible Public Agency two years from date of signatures

Adoptive Parent

Date

Adoptive Parent

Date

Child's Agency Representative

Date

Child's Agency Name

REPEALED

ADOPTION ASSISTANCE PROGRAM (AAP) AGREEMENT

NOTICE: This agreement describes the adoption assistance benefit you will receive for your adopted child. If you agree, please sign the agreement and return it to the adoption agency. If you disagree, please contact the adoption agency. If you and the agency cannot reach an agreement, you will receive a Notice of Action which explains how to ask for a state hearing to resolve the matter.

I/we, _____ and _____, have entered into an agreement with the _____ for an adoption assistance benefit for _____.

(NAME OF PARENT) (NAME OF PARENT) (NAME, ADDRESS, TELEPHONE NUMBER OF AGENCY) (NAME OF CHILD)

AAP eligibility is expected to continue from _____ until _____. This AAP Agreement will continue until it is modified or terminated in accordance with its terms.

(DATE OF ADOPTIVE PLACEMENT) (EXPECTED ENDING DATE OF ELIGIBILITY)

This is (check one) ☐ a deferred agreement (complete Section II only.)
☐ an initial agreement
☐ an amendment to the agreement dated _____.

(DATE OF INITIAL AGREEMENT)

Complete Section II as appropriate.

SECTION I

1. An AAP benefit of \$ _____ per month is authorized to begin _____. The child's needs must be reassessed periodically, at least every two years. The first scheduled reassessment is _____.

(BEGINNING DATE OF PAYMENT) (FIRST REASSESSMENT DATE)

2. Unless the benefit is ending because of age, _____ will send me/us a Reassessment Information - Adoption Assistance Program (AAP 3) form at least 60 days before the next reassessment date. I/We shall complete the AAP 3 and return it to the _____.

(COUNTY WELFARE DEPARTMENT) (ADOPTION AGENCY)

If I/we do not return the AAP 3 form, the adoption agency will conclude that I/we no longer want to continue receiving an AAP benefit and the benefit will stop until I/we make a new request for an AAP benefit and enter into a new Adoption Assistance Agreement.

3. With my/our agreement, the adoption agency may increase or decrease the amount of the AAP benefit as my/our circumstances or the needs of the child change.

4. The AAP benefit will be adjusted automatically without requiring a new AAP agreement at the same time and to the same degree as any automatic adjustments to payments for state-approved basic foster care maintenance. My child may be eligible for an age-related increase after his or her 5th, 7th, 9th, 12th, 13th and 15th birthdays. I/We shall contact the adoption agency to request this increase.

5. The AAP benefit may not exceed the age-related, state-approved foster family home care rate and any applicable state-approved specialized care increment for which the child qualifies, which would have been paid if the child had not been placed for adoption.

6. The foster care payment that the child would have received may change if other income is received by or on behalf of the child. Any specialized care increment that the child would have received may change because of a change in his or her special needs. If the amount of the AAP benefit exceeds the foster care payment amount that the child would have received if he or she were in foster care, the AAP benefit will be reduced to that amount.

REPEALED

7. If the child is currently a California Regional Center (CRC) client, the maximum available AAP benefit will be based on the child's needs that are reflected in his or her current level of need assessed by the CRC. CRC clients who leave California shall be able to continue to receive AAP benefits based on the most current level of need assessed by the CRC.
8. Continuation of the AAP benefit depends upon my/our legal responsibility for the support of the child and on continued receipt of that support by the child.
9. I/We agree to inform the adoption agency immediately if any of the following occurs:
- Our mailing address changes.
 - The child leaves the family home and we are no longer supporting the child.
 - We are no longer legally responsible for the support of the child.
 - The child begins to receive unearned income (i.e., Social Security, SSI/SSP, other).
10. Failure to report these changes may result in an overpayment which may be recovered by a direct charge or a reduction in current and future AAP benefits.
11. I/We understand that _____ will remain eligible to receive an AAP benefit from the State of California regardless of the state in which I/we reside.
(NAME OF CHILD)
12. I/We understand that under the terms of this agreement the child is eligible for services under Title XIX (Medicaid) and Title XX (Social Services) of the Federal Social Security Act. _____ will help the child obtain these services if I/we live in or move to another state by providing information and referral services.
(ADOPTION AGENCY)
13. I/We understand that the child will not be eligible to receive an AAP benefit after he or she reaches the age of 18 years unless he or she has a mental or physical disability which warrants continuation of the benefit to the age of 21 years.

SECTION II (Deferred Agreement)

I/We understand that _____ has _____ which may result in a future need for AAP benefit. Although assistance is not needed at this time, I/we understand that after completion of the adoption, if I am/we are unable to meet the child's needs related to this known medical condition, or physical, mental, emotional disability or other health condition, I/we may request an AAP benefit.
(NAME OF CHILD) (SPECIFY HEALTH PROBLEM)

REASONS FOR AAP ELIGIBILITY:

- ☐ Age ☐ Sibling Group Member ☐ Adverse Parental Background ☐ Minority Ethnicity
☐ Mental/Physical Health Problem

ADOPTIVE PARENT	DATE	ADOPTIVE PARENT	DATE
CHILD'S AGENCY REPRESENTATIVE	DATE	CHILD'S AGENCY NAME	
FAMILY'S AGENCY REPRESENTATIVE (CROSS PLACEMENT ONLY)	DATE	FAMILY'S AGENCY NAME	

ADOPTED**ADOPTION ASSISTANCE PROGRAM (AAP) AGREEMENT**

NOTICE: This agreement describes the adoption assistance benefit that you will receive for your adopted child. If you agree, please sign the agreement and return it to the adoption agency. If you disagree, please contact the adoption agency. If you and the agency cannot reach an agreement, you will receive a Notice of Action which explains how to request a state hearing to resolve the matter.

☐ Title IV-E Federal Eligible☐ State Only Eligible☐ County Only Eligible

I/We, _____ and _____, have entered into an
(NAME OF PARENT) (NAME OF PARENT)
 agreement with the _____ for
(NAME, ADDRESS, TELEPHONE NUMBER OF RESPONSIBLE PUBLIC AGENCY)
 an adoption assistance benefit for _____.
(NAME OF CHILD)

AAP eligibility is expected to continue from _____ until _____. This
(DATE OF ADOPTIVE PLACEMENT) (EXPECTED ENDING DATE OF ELIGIBILITY)
 agreement is effective until terminated in accordance with its terms or a new amended agreement is signed.

This is (check one) ☐ a deferred agreement (complete Section II only.)

☐ an initial agreement

☐ an amendment to the agreement dated _____
(DATE OF INITIAL AGREEMENT)

Complete Section I or II as appropriate.

SECTION I

1. An AAP benefit of \$ _____ per month and/or Medi-Cal is authorized to begin _____.
(AMOUNT) (BEGINNING DATE OF PAYMENT)
 The child's needs must be reassessed periodically, at least every two years. The first scheduled reassessment is _____.
(FIRST REASSESSMENT DATE)
2. Unless the benefit is ending because of age, _____ will send me/us
(COUNTY WELFARE DEPARTMENT)
 a Reassessment Information - Adoption Assistance Program (AAP 3) form at least 60 days before the next reassessment date. I/We shall complete the AAP 3 and return it to the _____.
(RESPONSIBLE PUBLIC AGENCY)
3. With my/our agreement, the responsible public adoption agency in accordance with state law may increase or decrease the amount of the AAP benefit as my/our circumstances or the needs of the child change.
4. For initial agreements signed prior to January 1, 2010, my child **may** be eligible for an age-related increase after his or her 5th, 9th, 12th and 15th birthdays. In Marin County, the age related increase occurs after his or her 5th, 7th, 9th, 12th, 13th and 15th birthdays. I/We **shall** contact the adoption agency to request this increase.
5. The AAP benefit may not exceed the age-related, state-approved foster family home care rate, and any applicable state-approved Specialized Care Increment (SCI), or, if my child is temporarily placed outside the home, the state approved facility rate which would have been paid if the child had not been placed for adoption.
6. Due to a change in my child's special needs and/or placement which may cause the AAP benefit amount to exceed the foster care payment amount he or she would have received had he or she remained in foster care, the AAP benefit may be reduced.

7. If the child under the age of three and receiving services under the California Early Intervention Services Act, but not yet determined by the California Regional Center (CRC) to have a developmental disability as defined by the Lanterman Act, the maximum AAP benefit will either be \$898 or the foster family home rate and applicable SCI rate, whichever is greater. After the adoption finalization, it is my/our responsibility to request the CRC to evaluate the child's eligibility for CRC services. If the child is eligible to receive CRC services beyond the age of three, it is my/our responsibility to request the dual agency rate from the responsible public agency.

I/We agree, prior to the month following the child's third birthday, if the child is no longer eligible for CRC services, the AAP benefit will need to be renegotiated based on the foster family home rate and any applicable SCI rate.

If the child is under the age of three and the CRC has determined the child to have a developmental disability as defined by the Lanterman Act, the maximum AAP benefit is \$2,006.

8. If the child is a current consumer of CRC services, the maximum available AAP benefit is \$3,006 (dual agency rate and supplement, if applicable). CRC consumers who have received an AAP benefit prior to July 2007, which exceeds the maximum \$3,006 rate, may continue to receive the higher rate until the child is no longer eligible for AAP benefits or the adoption is dissolved.

9. I/We agree the AAP benefit of \$ _____ will be directed to _____ for payment of
(AMOUNT) (NAME OF FACILITY)
out-of-home placement/Wraparound services for our child.

The AAP payment is authorized from _____ to _____.
(BEGINNING DATE) (END DATE)

I/We understand the AAP payment is not to exceed the maximum state-approved facility rate for which our child is eligible.

I/We agree in the month following the stated end date or if different, the date the child's out-of-home placement ends, the AAP benefit will be changed to the negotiated foster family home rate, applicable SCI rate or Dual Agency rate.

I/We understand the AAP payment for the out-of-home placement may not exceed 18 months per episode or condition.

☐ I/We request the AAP payment be made directly to _____.
(NAME OF FACILITY)

☐ I/We agree to pay the _____ directly with the AAP funds received.
(NAME OF FACILITY)

10. I/We understand that AAP benefit will continue unless one of the following occurs:

- The child has attained the age of 18 or 21.
- I/We are no longer legally responsible for the support of the child.
- I/We are no longer providing any type of support to the child.

11. I/We agree to inform the responsible public agency immediately if any of the following occurs:

- Change in mailing address and/or state of residence.
- The child is no longer residing in the family home.
- We are no longer providing any type of support to the child.
- We are no longer legally responsible for the support of the child.

Failure to report these changes may result in an overpayment which may be recovered by a direct charge or a reduction in current and future AAP benefits.

12. I/We understand that _____ will remain eligible to receive an AAP benefit from the
(NAME OF CHILD)
State of California regardless of the state in which I/we reside. If a needed service is not available in my/our state of residence, the _____ remains financially responsible for the needed services.
(FINANCIAL RESPONSIBLE COUNTY OF ORIGIN)

ADOPTED

13. ☐ I/We understand that under the terms of this agreement the child is eligible for Title IV-E (federal) AAP benefits and services under Title XIX (Medicaid) and Title XX (Social Services) of the Federal Society Security Act.

_____ (RESPONSIBLE PUBLIC AGENCY) will help the child obtain these services by providing information and referral services, if I/we live in or move to another state.

- ☐ I/We understand that under the terms of this agreement the child is eligible for State AAP benefits and State funded Medi-Cal services, and _____ (RESPONSIBLE PUBLIC AGENCY) will help the child obtain medical services by

providing information and referral services, if I/we live in or move to another state. Through this agreement, I/we understand access to health care services for our child will be contingent on whether our current or future state of residence extends COBRA-reciprocity to children receiving California state funded Medi-Cal benefits. This means if I/we move to a state that does not have an agreement with California, I/we may not be able to obtain health care coverage for our child through that state's Medicaid program based on our receipt of AAP.

14. I/We understand that the child will not be eligible to receive an AAP benefit after he or she reaches the age of 18 years **unless** he or she has a mental or physical disability which warrants continuation to the age of 21 years. Prior to the child's 18th birthday, I/we are to inform the responsible public agency and request they evaluate our child's needs for continuation of benefits beyond the age of 18.

SECTION II (Deferred Agreement)

I/We understand that _____ (NAME OF CHILD) is AAP eligible and although assistance is not needed at this time, I/we understand that at anytime, I/we may request AAP benefits.

SECTION III SIGNATURE

ADOPTIVE PARENT:	DATE:	ADOPTIVE PARENT:	DATE:
CHILD'S AGENCY REPRESENTATIVE:	DATE:	CHILD'S AGENCY NAME:	
FAMILY'S AGENCY REPRESENTATIVE (CO-OP PLACEMENT ONLY):	DATE:	FAMILY'S AGENCY NAME:	

REPEALED**FEDERAL ELIGIBILITY CERTIFICATION
FOR ADOPTION ASSISTANCE PROGRAM***Complete one copy and submit it to the
Adoption Agency listed below.***TO:**

CHILD'S BIRTH NAME	
CHILD'S DATE OF BIRTH	
STATE ADOPTION CASE NO. ADA	ADOPTION AGENCY CASE NO.
AFDC-FC, AFDC-FG, OR SSI CASE NO.	

FROM:

ADOPTION AGENCY NAME	NAME OF AUTHORIZED OFFICIAL OF ADOPTION AGENCY
ADOPTION AGENCY ADDRESS	TELEPHONE NUMBER
	DATE

We are requesting the following information for the purpose of determining the eligibility of the above-named child for federal reimbursement of the costs of Adoption Assistance Program payments. Please provide the following information by checking all applicable boxes.

	YES	NO	VERIFICATION
1. The child is receiving Supplemental Security Income benefits (SSI/SSP).	☐	☐	☐ Child listed on State Data Exchange (SDX) register - SSI/SSP case #: _____ ☐ Other
2. The child is receiving federal AFDC-FC (Title IV-E foster care).	☐	☐	☐ Child currently receiving federal AFDC-FC AFDC-FC case #: _____
a. In the month of filing the petition which led to the court order for removal of the child from his or her parent(s) or relative, the child met the linkage determination for federal AFDC-FC.	☐	☐	
b. The court order in Item 2a is still in effect, or was dismissed because the child was relinquished for adoption or freed from parental control by one or more parents.	☐	☐	☐ Copy of Form FC 3 attached
c. The child currently meets the income and property requirements for AFDC.	☐	☐	
3. The child is receiving federal AFDC-FG or U.	☐	☐	☐ Child currently receiving federal AFDC-FG/U AFDC case #: _____
a. The child is living in the home of a caretaker relative as defined in EAS 82-808.11.	☐	☐	☐ Relative's name(s) and relationship to child: _____
b. The child currently meets the income and property requirements for AFDC.	☐	☐	☐ Copy of Form CA2, BCJA2, or substitute, attached.

I certify that the above information is true to the best of my knowledge.

SIGNATURE OF ELIGIBILITY WORKER	DATE	TELEPHONE NUMBER
---------------------------------	------	------------------

ADOPTED**FEDERAL ELIGIBILITY CERTIFICATION
FOR ADOPTION ASSISTANCE PROGRAM***Complete one copy and submit it to the
Adoption Agency listed below.***TO:**

--	--

CHILD'S BIRTH NAME	
CHILD'S DATE OF BIRTH	
STATE ADOPTION CASE NO. ADA	ADOPTION AGENCY CASE NO.
AFDC-FC, AFDC-FGU OR SSI CASE NO.	

FROM:

ADOPTION AGENCY NAME	NAME OF AUTHORIZED OFFICIAL OF ADOPTION AGENCY
ADOPTION AGENCY ADDRESS	TELEPHONE NUMBER
	DATE

We are requesting the following information for the purpose of determining the eligibility of the above-named child for federal reimbursement of the costs of Adoption Assistance Program (AAP) payments. Please provide the following information by checking all applicable boxes. Verification of the following information is documented in the child's case records.

	YES	NO
1. The above named child meets one of the following:		
a. The child entered the United States on or after August 22, 1996, is placed with an unqualified alien and meets the five year residency requirement.	☐	☐
b. The child is a member of one of the exempted groups (refugees, asylees, aliens whose deportation was withheld, Cuban/Haitian entrants or Amerasians from Vietnam.)	☐	☐
2. The child is receiving Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits.	☐	☐
a. The child meets the eligibility requirements for SSI benefits as determined and documented by the federal Social Security Administration.	☐	☐
3. At the time the child was removed from the home of the specified relative, the child met the Aid to Family with Dependent Children (AFDC), 1996 eligibility requirements in the home of removal.	☐	☐
a. The child's removal from the home was based on judicial determination in the first court ruling that to remain in the home would be contrary to the child's welfare.	☐	☐
b. The child was voluntarily relinquished to a licensed public or private adoption agency, or another public agency operating a Title IV-E program on behalf of the state.	☐	☐

The following must be obtained within six months of the time the child lived with a specified relative:

1. A petition to the court to remove the child from the home of the specified relative.
2. Judicial determination that remaining in the home would be contrary to the child's welfare.
3. The child was voluntarily placed with a public agency and received at least one Title IV-E FC payment.

☐	☐
--------------------------	--------------------------

ADOPTED

	YES	NO
4. At least one Title IV-E Foster Care (FC) payment was made on behalf of the child's minor parent.	☐	☐
5. The child received AAP benefits with respect to a prior adoption that dissolved due to the termination of the adoptive parent's parental rights or the death of an adoptive parent.	☐	☐
6. The child is an Indian child and the subject of a tribal customary adoption order.	☐	☐
7. The child meets the "APPLICABLE CHILD" criteria:	☐	☐
a. The child's age is _____ in Federal Fiscal Year _____ ;	☐	☐
b. The child has been in foster care under the care of a Title IV-E agency for 60 consecutive months, or	☐	☐
c. The child's sibling is an "applicable child" and is placed in the same prospective adoptive home of his or her sibling.	☐	☐
8. The child is in the care of a public or private child placement agency or Indian tribal organization and is the subject of one of the following:	☐	☐
1. An involuntary removal from the home in accordance with a judicial determination that continuation in the home would be contrary to the welfare of the child; or	☐	☐
2. A voluntary placement agreement or voluntary relinquishment.	☐	☐
NOTE: A Title IV-E FC maintenance payment or judicial determination is not required for an "Applicable Child".		
9. The child has met all medical or disability eligibility requirements for federal SSI benefits.	☐	☐
10. The child was residing in a foster family home or child care institution with the child's minor parent.	☐	☐
11. The child received AAP with respect to a prior adoption that dissolved, due to the termination of the adoptive parental rights or the death of an adoptive parent.	☐	☐

I certify that the above information is true to the best of my knowledge.

SIGNATURE OF ELIGIBILITY WORKER

DATE

TELEPHONE NUMBER

REPEALED

INCOME AND PROPERTY CHECKLIST FOR FEDERAL ELIGIBILITY DETERMINATION — ADOPTION ASSISTANCE PROGRAM

CHILD'S ADOPTIVE NAME
STATE ADOPTION CASE NO.
ADA

All information listed below should be reviewed to determine whether the child meets the requirements for federal AAP eligibility. Please review each item with regard to the child's income and property status at the time the adoption petition was filed. If the information can be consolidated on the FC 9, this form may remain in the case records for verification purposes. If not, attach a copy of this form to the FC 9 before transmittal to the county welfare department.

1. Does the child have any of the resources listed below?

Yes No
☐ ☐

If Yes, explain below.

- | | | |
|---------------------|----------------------------------|---|
| a. Cash | d. Credit union account | g. Trust fund |
| b. Savings account | e. Checks | h. Stocks, bonds, certificates |
| c. Checking account | f. Notes, mortgages, trust deeds | i. Other resources which can be quickly changed into cash |

Type of Resource	Current Value	Location	Account Number
	\$		
	\$		
	\$		
	\$		
	\$		

2. Does the child receive, or expect to receive at the time the petition for adoption is filed, income from the following sources?

☐ ☐

If Yes, explain below.

- | | | |
|--------------------------------|--|---|
| a. Contributions or cash gifts | c. Tax refunds | e. Interest, dividends |
| b. Sale of property | d. Legal or accident settlements pending | f. Scholarships, grants, loans for school |

Source of Income	Date Received or Expected	Amount	How Often
	\$		
	\$		
	\$		
	\$		
	\$		

3. Does the child own personal property which costs at least \$100 for each item or is now worth at least \$100 each?

☐ ☐

If Yes, list below. Do not list clothing, furniture, televisions, or household furnishings. List musical equipment, recreational equipment, livestock, etc.

Item	Purchase Price or Current Price
	\$
	\$
	\$
	\$
	\$
	\$

REPEALED

4. Does the child have any insurance coverage?

Yes No
☐ ☐

If Yes, list below:

Type	Name of Company	Premium Paid By	Amount Paid	How Often
			\$	
			\$	
			\$	
			\$	
			\$	

5. Does the child receive any of the following for free or in exchange for work that he/she does?

☐ ☐

If Yes, list below:

Item	Received From	Value
a. Housing		\$
b. Utilities		\$
c. Food		\$
d. Clothes		\$

6. If the child is 16 years or older, is he/she presently attending school or a training program?

☐ ☐
☐ ☐
☐ ☐

If Yes, full time?

Is the child employed?

If Yes, how many hours per month?

List gross income and mandatory deductions below:

Gross Income	Federal Withholding	State Withholding	Social Security
\$	\$	\$	\$
\$	\$	\$	\$

7. Does the child hold any property in his/her own name?

☐ ☐

If Yes, list below:

Type	Address or Location

8. Does the child own, or have exclusive use of any motor vehicle(s)?

☐ ☐

If Yes, complete the following:

Year, Make, and Model	License No. and State of Registration	Current License Fee	Amount Owed	Monthly Payments
			\$	\$
			\$	\$
			\$	\$

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

ADOPTER WORKER NAME

SIGNATURE

DATE

ADOPTED

INCOME AND PROPERTY CHECKLIST FOR FEDERAL ELIGIBILITY DETERMINATION - ADOPTION ASSISTANCE PROGRAM

CHILD'S ADOPTIVE NAME

STATE ADOPTION CASE NO.

ADA

All information listed below should be reviewed to determine whether the child meets the AFDC eligibility standards of July 16, 1996 in the home of removal. Please review each item with regard to the child's income and property status at the time the child was removed from the home of the specified relative. Attach a copy of this form to the AAP 4 before transmittal to the county welfare department.

1. Does the child have any of the resources listed below?
If Yes, explain below.
- | | | |
|---------------------|----------------------------------|---|
| a. Cash | d. Credit union account | g. Trust fund |
| b. Savings account | e. Checks | h. Stocks, bonds, certificates |
| c. Checking account | f. Notes, mortgages, trust deeds | i. Other resources which can be quickly changed into cash |

Yes No

☐ ☐

Type of Resource	Current Value	Location	Account Number
	\$		
	\$		
	\$		
	\$		
	\$		

2. Does the child receive, or expect to receive income from the following sources?
If Yes, explain below.
- | | | |
|--------------------------------|--|---|
| a. Contributions or cash gifts | c. Tax refunds | e. Interest, dividends |
| b. Sale of property | d. Legal or accident settlements pending | f. Scholarships, grants, loans for school |

☐ ☐

Source of Income	Date Received or Expected	Amount	How Often
	\$		
	\$		
	\$		
	\$		
	\$		

3. Does the child own personal property which costs at least \$100 for each item or is now worth at least \$100 each?
If Yes, list below. Do not list clothing, furniture, televisions, or household furnishings. List musical equipment, recreational equipment, livestock, etc.

☐ ☐

Item	Purchase Price or Current Price
	\$
	\$
	\$
	\$
	\$

ADOPTED

4. Does the child have any insurance coverage?

Yes No

If Yes, list below:

Type	Name of Company	Premium Paid By	Amount Paid	How Often
			\$	
			\$	
			\$	
			\$	
			\$	

5. Does the child receive any of the following for free or in exchange for work that he/she does?

☐ ☐

If Yes, list below.

Item	Received From	Value
a. Housing		\$
b. Utilities		\$
c. Food		\$
c. Clothes		\$

6. If the child is 16 years or older, is he/she presently attending school or a training program?

☐ ☐

If Yes, full time?

☐ ☐

Is the child employed?

☐ ☐

If Yes, how many hours per month?

List gross income and mandatory deductions below:

Gross Income	Federal Withholding	State Withholding	Social Security
\$	\$	\$	\$
\$	\$	\$	\$

7. Does the child hold any property in his/her name?

☐ ☐

If Yes, list below:

Type	Address or Location

8. Does the child own, or have exclusive use of any motor vehicle(s)?

☐ ☐

If Yes, complete the following:

Year, Make, and Model	License No. and State of Registration	Current License Fee	Amount Owed	Monthly Payments
			\$	\$
			\$	\$
			\$	\$

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

ADOPTION WORKER NAME

SIGNATURE

DATE

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-2011-0706-01	2011-1221-015	

For use by Office of Administrative Law (OAL) only

RECEIVED FOR FILING PUBLICATION DATE

JUL 06 '11

JUL 22 '11

Office of Administrative Law

2011 DEC 21 PM 1:54

OFFICE OF
ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

California Department of Social Services

AGENCY FILE NUMBER (if any)

ORD# 0511-02

FEB 06 2012

At 2:08 O'Clock P.M.
DEBRA BOWEN, Secretary of StateBy Alustan
Deputy Secretary of State

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE Children's Residential Facility Exceptions to Age 18		TITLE(S) 22	FIRST SECTION AFFECTED 80001	2. REQUESTED PUBLICATION DATE July 22, 2011
3. NOTICE TYPE ☒ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON Zaid Dominguez	TELEPHONE NUMBER 916 657-2586	FAX NUMBER (Optional) 916 654-3286
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2011, 297	PUBLICATION DATE 7-22-2011

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Children's Residential Facility Exceptions to Age 18	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
--	--

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND
	REPEAL
TITLE(S) 22	80001, 80075, 83000, 83001, 84001, 84061, 86001, 88001

3. TYPE OF FILING

☒ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))		☐ Other (Specify)	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

☒ Effective 30th day after filing with Secretary of State	☐ Effective on filing with Secretary of State	☐ §100 Changes Without Regulatory Effect	☐ Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☐ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify)		

7. CONTACT PERSON Zaid Dominguez, Manager	TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
--	------------------------------------	-----------------------	---------------------------

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 2/10/2011
TYPED NAME AND TITLE OF SIGNATORY Pete Cervinka, Program Deputy Director for Benefits & Services	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

FEB 06 2012

Office of Administrative Law

18

the β phase of the polymer. The β phase is the most important phase in the polymer, as it is the phase that is most responsible for the mechanical properties of the polymer. The β phase is the phase that is most responsible for the mechanical properties of the polymer. The β phase is the phase that is most responsible for the mechanical properties of the polymer.

[illegible]

General Licensing Requirements

Amend Section 80001 to read:

80001 DEFINITIONS

80001

The following general definitions shall apply wherever the terms are used throughout Division 6, Chapters 1, 2, 4 through 7, 8.8, and ~~Chapter~~ 9, except where specifically noted otherwise. Additional definitions found at the beginning of each chapter in this division shall apply only to such specific facility category.

(a) (Continued)

(b) (Continued)

(c) (Continued)

~~(6)~~ ——— "Child" means a person who is under 18 years of age.

~~(76)~~ (Continued)

~~(87)~~ (Continued)

~~(98)~~ (Continued)

~~(109)~~ (Continued)

~~(1110)~~ (Continued)

~~(1211)~~ (Continued)

~~(1312)~~ (Continued)

~~(1413)~~ (Continued)

~~(1514)~~ (Continued)

~~(1615)~~ (Continued)

~~(1716)~~ (Continued)

~~(1817)~~ (Continued)

~~(1918)~~ (Continued)

(2019) (Continued)

Authority cited: Sections 1502, 1522.41(j), 1524(e), 1530 and 1530.9, Health and Safety Code.

Reference: Sections 1501, 1502, 1502(a)(7) and (8), 1502.5, 1503, 1503.5, 1505, 1507, 1508, 1509, 1511, 1520, 1522, 1524, 1524(e), 1525, 1525.5, 1526, 1527, 1530, 1530.5, 1531, 1531.1, 1533, 1534, 1536.1, 1537, 1538.5, 1550, 1551, 1556, 1569.699(a), 1797.196, and 11834.11, Health and Safety Code; Sections 5453, 5458, 11006.9, and 17736(a) and (b), Welfare and Institutions Code; 29 CFR 1910.1030; and Joint Stipulation and Order for Settlement in the matter of *California Association of Mental Health Patients' Rights Advocates v. Cliff Allenby, et al.*, Santa Clara County Superior Court, No. 106-CV061397, issued November 14, 2008.

Amend Section 80075(i) through (o) to read:

80075 HEALTH-RELATED SERVICES
 (Continued)

80075

(~~i~~f) (Continued)

(~~j~~g) (Continued)

(~~k~~h) (Continued)

(~~l~~i) (Continued)

(~~m~~j) (Continued)

(~~n~~k) (Continued)

(~~o~~l) (Continued)

Authority Cited: Sections 1530 Health and Safety Code.

Reference: Sections 1501, 1502, 1507, 1530 and 1531, Health and Safety Code.

Small Family Homes

Amend Section 83000 to read:

83000 GENERAL

83000

- (a) Small family homes, as defined in Section 80001(s-)(~~23~~), shall be governed by the provisions specified in this chapter. In addition, such small family homes, except where specified otherwise shall be governed by Chapter 1, General Requirements.

Authority cited: Sections 1530 and 1530.5, Health and Safety Code.

Reference: Sections 1501, 1502, 1530 and 1531, Health and Safety Code.

Amend Section 83001 to read:

83001 DEFINITIONS

83001

In addition to Section 80001, the following shall apply.

- a. (Continued)
- b. (Continued)
- c. (1) "Child" means a person who is under 18 years of age who is being provided care and supervision placed with a caregiver in a licensed small family home, except where specified otherwise in this chapter, by a regional center, a parent or guardian, or a public child placement agency with or without a court order. "Child" also means a person who is:
 - (A) 18 or 19, meets the requirements of Welfare and Institutions Code section 11403, and continues to be provided with care and supervision by the caregiver in the home, or
 - (B) 18-22 as specified in the definition for "child with special health care needs" under subsection (c)(2) and continues to be provided with care and supervision by the caregiver in the home.

HANDBOOK BEGINS HERE

Welfare and Institutions Code section 11403 provides:

"...(b)...Effective January 1, 2012, a nonminor former dependent child or ward of the juvenile court who is receiving AFDC-FC benefits pursuant to Section 11405 shall be eligible to continue to receive aid up to 19 years of age, effective January 1, 2013, up to 20 years of age, and effective January 1, 2014, up to 21 years of age, as long as the nonminor is otherwise eligible for AFDC-FC benefits under this subdivision. This subdivision shall apply when one or more of the following conditions exist:

- (1) The nonminor is completing secondary education or a program leading to an equivalent credential.
- (2) The nonminor is enrolled in an institution which provides postsecondary or vocational education.
- (3) The nonminor is participating in a program or activity designed to promote, or remove barriers to employment.
- (4) The nonminor is employed for at least 80 hours per month.

- (5) The nonminor is incapable of doing any of the activities described in subparagraphs (1) to (4), inclusive, due to a medical condition, and that incapability is supported by regularly updated information in the case plan of the nonminor. The requirement to update the case plan under this paragraph shall not apply to nonminor former dependents or wards in receipt of Kin-GAP program or Adoption Assistance Program payments."

HANDBOOK ENDS HERE

- (2) "Child with Special Health Care Needs" means a ~~child~~ person who is 22 years of age or younger, who meets the requirements of Welfare and Institutions Code section 17710, subsection (a) and all of the following conditions:
- (A) Has a medical condition that requires specialized in-home health care and
 - (B) Is one of the following:
 - 1. A child who has been adjudged a dependent of the court under Welfare and Institutions Code Section 300 of the Welfare and Institutions Code.
 - 2. A child who has not been adjudged a dependent of the court under Welfare and Institutions Code Section 300, of the Welfare and Institutions Code but who is in the custody of the county welfare department.
 - 3. A child with a developmental disability who is receiving services and case management from a regional center.

HANDBOOK BEGINS HERE

Welfare and Institutions Code section 17710, subsection (a) provides:

"'Child with special health care needs' means a child, or a person who is 22 years of age or younger who is completing a publicly funded education program, who has a condition that can rapidly deteriorate resulting in permanent injury or death or who has a medical condition that requires specialized in-home health care, and who either has been adjudged a dependent of the court pursuant to Section 300, has not been adjudged a dependent of the court pursuant to Section 300 but is in the custody of the county welfare department, or has a developmental disability and is receiving services and case management from a regional center."

HANDBOOK ENDS HERE

d. (Continued)

Authority cited: Section 1530, Health and Safety Code; and Section 17730, Welfare and Institutions Code and Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507, 1507.2, 1530 and 1531, Health and Safety Code; and Sections 11403, 17710(a), (d), (g), (h) and (i), 17731(c), and 17732(b) and 17732.1, Welfare and Institutions Code and Sections 1501, 1502, 1507, 1530 and 1531, Health and Safety Code.

Group Homes

Amend Section 84001 to read:

84001 DEFINITIONS

84001

In addition to Section 80001, the following shall apply:

(a) (Continued)

(5) [Renumbered to (m)(5)].

(b) (Continued)

(c) (Continued)

(2) "Child" means a person who is under 18 years of age and who is being provided care and supervision placed in a licensed group home, except where specified otherwise in this chapter, by a regional center, a parent or guardian, or a public child placement agency with or without a court order. "Child" also means a person who is:

(A) 18 or 19, meets the requirements of Welfare and Institutions Code section 11403, and continues to be provided with care and supervision by the group home, or

(B) 18-22 as specified in the definition for "child with special health care needs" under subsection (c)(3) and continues to be provided with care and supervision by the group home.

HANDBOOK BEGINS HERE

Welfare and Institutions Code section 11403 provides:

"...(b)...Effective January 1, 2012, a nonminor former dependent child or ward of the juvenile court who is receiving AFDC-FC benefits pursuant to Section 11405 shall be eligible to continue to receive aid up to 19 years of age, effective January 1, 2013, up to 20 years of age, and effective January 1, 2014, up to 21 years of age, as long as the nonminor is otherwise eligible for AFDC-FC benefits under this subdivision. This subdivision shall apply when one or more of the following conditions exist:

(1) The nonminor is completing secondary education or a program leading to an equivalent credential.

(2) The nonminor is enrolled in an institution which provides postsecondary or vocational education.

- (3) The nonminor is participating in a program or activity designed to promote, or remove barriers to employment.
- (4) The nonminor is employed for at least 80 hours per month.
- (5) The nonminor is incapable of doing any of the activities described in subparagraphs (1) to (4), inclusive, due to a medical condition, and that incapability is supported by regularly updated information in the case plan of the nonminor. The requirement to update the case plan under this paragraph shall not apply to nonminor former dependents or wards in receipt of Kin-GAP program or Adoption Assistance Program payments."

HANDBOOK ENDS HERE

- (3) "Child with Special Health Care Needs" means a child person who is 22 years of age or younger, who meets the requirements of Welfare and Institutions Code section 17710, subsection (a) and all of the following conditions:
 - (A) Has a medical condition that requires specialized in-home health care and
 - (B) Is one of the following:
 - 1. A child who has been adjudged a dependent of the court under Welfare and Institutions Code Section 300 of the Welfare and Institutions Code.
 - 2. A child who has not been adjudged a dependent of the court under Welfare and Institutions Code Section 300, of the Welfare and Institutions Code but who is in the custody of the county welfare department.
 - 3. A child with a developmental disability who is receiving services and case management from a regional center.

HANDBOOK BEGINS HERE

Welfare and Institutions Code section 17710, subsection (a) provides:

"'Child with special health care needs' means a child, or a person who is 22 years of age or younger who is completing a publicly funded education program, who has a condition that can rapidly deteriorate resulting in permanent injury or death or who has a medical condition that requires specialized in-home health care, and who either has been adjudged a dependent of the court pursuant to Section 300, has not been adjudged a dependent of the court pursuant to Section 300 but is in the custody of the county welfare department, or has a developmental disability and is receiving services and case management from a regional center."

HANDBOOK ENDS HERE

(4) (Continued)

(5) (Continued)

(d) (Continued)

(e) (Continued)

(f) (Continued)

(g) (Continued)

(h) (Continued)

(i) (Continued)

(j) (Continued)

(k) (Continued)

(l) (Continued)

(m) (Continued)

(5) "Minor parent program" means a group home program that serves pregnant minors and minor parents with children younger than six years of age, who are dependents of the court, nondependents, voluntary and/or regional center placements, and reside in the group home with the minor parent, who is the primary caregiver of the young child.

(n) (Continued)

Authority cited: Sections 1522.41(j), 1530, 1530.8 and 1530.9, Health and Safety Code; and Section 17730, Welfare and Institutions Code and Sections 1522.41(j), 1530, 1530.8, and 1530.9, Health and Safety Code.

Reference: Sections 1501, 1502, 1503, 1507, 1507.2, 1522.4, 1522.41, 1522.41(j), 1530.8, and 1531, Health and Safety Code; Sections 362.04(a)(2), 362.05(a), 727(a)(4)(A), 11331.5(d), 11403, 11406(c), 17710(a), (d), (g), and (h), 17731, 17732.1 and 17736(a) and (b), Welfare and Institutions Code; and 45 CFR Section 1351.1(k).

Amend Section 84061 to read:

84061 REPORTING REQUIREMENTS
 (Continued)

84061

(b) (Continued)

 (1) (Continued)

 (2) (Continued)

 (3) Each time the child has been placed in a manual restraint, to be reported as required in
 Section ~~84805~~ 84361.

(c) (Continued)

Authority cited: Sections 1522.41(j), 1530, Health and Safety Code.

Reference: Sections 1522.41(b)(4), 1531, and 1562, Health and Safety Code; Section
 11406(c), Welfare and Institutions Code.

Transitional Housing Placement Program

Amend Section 86001 to read:

86001 DEFINITIONS

86001

In addition to Section 80001, the following shall apply:

- (a) (Continued)
- (b) (Continued)
- (c) (Continued)
- (3) "Child" means a person who is under 18 placed in a licensed transitional housing placement program by a regional center, a parent or guardian, or a public child placement agency with or without a court order. "Child" also means a person who is:
 - (A) 18 or 19, meets the requirements of Welfare and Institutions Code section 11403, and continues to be provided with care and supervision by the transitional housing placement facility.

HANDBOOK BEGINS HERE

Welfare and Institutions Code Section 11403 provides:

"...(b)...Effective January 1, 2012, a nonminor former dependent child or ward of the juvenile court who is receiving AFDC-FC benefits pursuant to Section 11405 shall be eligible to continue to receive aid up to 19 years of age, effective January 1, 2013, up to 20 years of age, and effective January 1, 2014, up to 21 years of age, as long as the nonminor is otherwise eligible for AFDC-FC benefits under this subdivision. This subdivision shall apply when one or more of the following conditions exist:

- (1) The nonminor is completing secondary education or a program leading to an equivalent credential.
- (2) The nonminor is enrolled in an institution which provides postsecondary or vocational education.
- (3) The nonminor is participating in a program or activity designed to promote, or remove barriers to employment.
- (4) The nonminor is employed for at least 80 hours per month.

- (5) The nonminor is incapable of doing any of the activities described in subparagraphs (1) to (4), inclusive, due to a medical condition, and that incapability is supported by regularly updated information in the case plan of the nonminor. The requirement to update the case plan under this paragraph shall not apply to nonminor former dependents or wards in receipt of Kin-GAP program or Adoption Assistance Program payments."

HANDBOOK ENDS HERE

(d) (Continued)

Authority cited: Sections 1530 and 1559.110, Health and Safety Code.

Reference: 42 USC Section 677; Sections 1559.110 and 1559.115, Health and Safety Code; and Sections 11400, 11401, 11403, 16522.1, and 16522.5, Welfare and Institutions Code.

Foster Family Agencies

Amend Section 88001 to read:

88001 DEFINITIONS

88001

In addition to Section 80001, the following shall apply:

- (a) (Continued)
- (b) (Continued)
- (c) (5) "Child" means a person who is under 18 placed with a foster family agency by a regional center, a parent or guardian, or a public child placement agency with or without a court order for subsequent placement with a caregiver in a certified family home. "Child" also means a person who is:
 - (A) 18 or 19, meets the requirements of Welfare and Institutions Code section 11403, and continues to be provided with care and supervision by the caregiver in the home, or
 - (B) 18-22 as specified in the definition for "child with special health care needs" under subsection (c)(6) and continues to be provided with care and supervision by the caregiver in the home.

HANDBOOK BEGINS HERE

Welfare and Institutions Code section 11403 provides:

"...(b)...Effective January 1, 2012, a nonminor former dependent child or ward of the juvenile court who is receiving AFDC-FC benefits pursuant to Section 11405 shall be eligible to continue to receive aid up to 19 years of age, effective January 1, 2013, up to 20 years of age, and effective January 1, 2014, up to 21 years of age, as long as the nonminor is otherwise eligible for AFDC-FC benefits under this subdivision. This subdivision shall apply when one or more of the following conditions exist:

- (1) The nonminor is completing secondary education or a program leading to an equivalent credential.
- (2) The nonminor is enrolled in an institution which provides postsecondary or vocational education.
- (3) The nonminor is participating in a program or activity designed to promote, or remove barriers to employment.

- (4) The nonminor is employed for at least 80 hours per month.
- (5) The nonminor is incapable of doing any of the activities described in subparagraphs (1) to (4), inclusive, due to a medical condition, and that incapability is supported by regularly updated information in the case plan of the nonminor. The requirement to update the case plan under this paragraph shall not apply to nonminor former dependents or wards in receipt of Kin-GAP program or Adoption Assistance Program payments."

HANDBOOK ENDS HERE

- (56) "Child with Special Health Care Needs" means a child person who is 22 years of age or younger, who meets the requirements of Welfare and Institutions Code section 17710, subsection (a) and all of the following conditions:

(A) Has a medical condition that requires specialized in-home health care and

(B) Is one of the following:

1. A child who has been adjudged a dependent of the court under Section 300 of the Welfare and Institutions Code section 300.
2. A child who has not been adjudged a dependent of the court under Welfare and Institutions Code section 300, but who is in the custody of the county welfare department.
23. A child with a developmental disability who is receiving services and case management from a regional center.

HANDBOOK BEGINS HERE

Welfare and Institutions Code section 17710, subsection (a) provides:

"'Child with special health care needs' means a child, or a person who is 22 years of age or younger who is completing a publicly funded education program, who has a condition that can rapidly deteriorate resulting in permanent injury or death or who has a medical condition that requires specialized in-home health care, and who either has been adjudged a dependent of the court pursuant to Section 300, has not been adjudged a dependent of the court pursuant to Section 300 but is in the custody of the county welfare department, or has a developmental disability and is receiving services and case management from a regional center."

HANDBOOK ENDS HERE

- (67) "Client" means each individual child placed with the foster family agency.
- (78) "Complaint" means any notice of an alleged violation of any regulation or statute of this state, including but not limited to, Title 22 regulations and Penal Code violations.

Authority cited: Section 1530, Health and Safety Code; and Section 17730, Welfare and Institutions Code.

Reference: Sections 1502, 1506, 1506.7, 1507.2, 1530.5; and 1538, Health and Safety Code; and Sections 11403, 17710(a), ~~(g)~~ and ~~(i)~~, 17731(c) ~~and~~ 17732(b) and 17732.1, Welfare and Institutions Code.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

OAL FILE
NUMBERS

NOTICE FILE NUMBER

REGULATORY ACTION NUMBER

EMERGENCY NUMBER

Z-201-1003-01

2012-0314-01S

For use by Office of Administrative Law (OAL) only

RECEIVED FOR FILING PUBLICATION DATE

OCT 03 '11

OCT 21 '11

2012 MAR 14 AM 9:43

OFFICE OF
ADMINISTRATIVE LAW

Office of Administrative Law

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

California Department of Social Services

AGENCY FILE NUMBER (if any)

ORD# 0711-05

FILED

In the office of the Secretary of State
of the State of California

APR 11 2012

At 2:30 O'Clock P.M.
DEBRA BOWEN, Secretary of StateBy Christina
Deputy Secretary of State

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE CalWORKs Stage One Child Care Eligibility		TITLE(S) MPP, Div 47	FIRST SECTION AFFECTED 47-230.2	2. REQUESTED PUBLICATION DATE October 21, 2011
3. NOTICE TYPE ☒ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON Zaid Dominguez	TELEPHONE NUMBER 916 657-2586	FAX NUMBER (Optional) 916 654-3286
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2011, 422	PUBLICATION DATE 10-21-2011

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) CalWORKs Stage One Child Care Eligibility		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT AMEND 47-230, 47-240, 47-401 REPEAL	
TITLE(S) MPP, Div 47			
3. TYPE OF FILING			
☒ Regular Rulemaking (Gov. Code §11346) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☐ Emergency (Gov. Code, §11346.1(b)) ☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☐ File & Print ☐ Other (Specify) _____ ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) ☐ Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) October 21, 2011 through December 14, 2011			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) ☒ Effective 30th day after filing with Secretary of State ☐ Effective on filing with Secretary of State ☐ §100 Changes Without Regulatory Effect ☐ Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY ☒ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal ☐ Other (Specify) _____			
7. CONTACT PERSON Zaid Dominguez		TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional) E-MAIL ADDRESS (Optional)

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

Pat Leary, Chief Deputy Director

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

APR 11 2012

Office of Administrative Law

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Amend Section 47-230 to read:

47-230 ELIGIBLE FORMER CALWORKS CLIENTS

47-230

.1 (Continued)

.14 (Continued)

.144 (Continued)

.2 Income Eligibility

Former CalWORKs clients shall be eligible for Stage One child care services if monthly income, adjusted for family size, does not exceed ~~75~~ 70 percent of the State Median Income, as specified in Education Code Section 8263.1(a).

HANDBOOK BEGINS HERE

.21 Income Eligibility

To assist with eligibility determination as required by Sections 47-230.13 and 47-230.2 above, those definitions used by the Department of Education cited above are included in this handbook section for the convenience of the user. Education Code Section 8263.1(a) provides that: For purposes of this chapter, " 'income eligible' means that a family's adjusted monthly income is at or below ~~75~~ 70 percent of the state median income, adjusted for family size, and adjusted annually." The statute also provides that the income of recipients of Federal Supplemental Security Income and State Supplemental Program (SSI/SSP) benefits shall not be included as income.

.211 (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 42 U.S.C. 9858c(c)(5); 42 U.S.C. 9858n(4)(B); 45 CFR 98.20(a)(2); 45 CFR 98.42; Sections 8351, 8263, and 8263.1, Education Code; Sections 11323.2 and 11450.12, Welfare and Institutions Code; Budget Act: AB 107, Chapter 282, Statutes of 1997, Item 6110-196-0001, Provisions 13 and 14.

Amend Section 47-240 to read:

47-240 CALCULATION OF FAMILY FEE FOR STAGE ONE CLIENTS 47-240

.1 (Continued)

.2 <u>Calculation of Family Fees for Stage</u> <u>One Clients Receiving CalWORKs</u> <u>Cash Aid</u>	<u>Families receiving CalWORKs cash aid</u> <u>shall not be required to pay a family fee.</u>
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Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 8263, ~~and~~ 8263.1, and 8447(g), Education Code.

Amend Section 47-401 to read:

47-401 CHILD CARE PAYMENT LIMITS (Continued)

47-401

.7 (Continued)

.71 (Continued)

.712 Children Receiving
Child Protective Services

Receiving child protective services, at the
request of the child welfare services worker,
for a period of up to 12 months; or

.713 Children Receiving
CalWORKs Cash Aid

Receiving CalWORKs cash aid.

~~.713~~ .714 (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 42 U.S.C. 9858c; 45 CFR 98.43; Budget Act of 2006, Chapter 47, Statutes of 2006, Item 6110-196-0001, Provision 2(b); Sections 8202(g)(3), 8208, 8208.1, 8221, 8222, 8263, 8351, ~~and~~ 8357, and 8447(g), Education Code, And Sections 11320.3, 11323.2, 11323.4, and 11323.8, Welfare and Institutions Code;

EMERGENCY File 8

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW

(See instructions on reverse)

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER	EMERGENCY NUMBER 2012-0619-02EFP
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For use by Office of Administrative Law (OAL) only

2012 JUN 19 P 2:42
OFFICE OF
ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY
California Department of Social Services

AGENCY FILE NUMBER (If any)
ORD #0312-01

ORIGINAL

For use by Secretary of State only

FILED

In the office of the Secretary of State
of the State of California

JUN 25 2012

At 2:13 O'Clock P M.
DEBRA BOWEN, Secretary of State
By [Signature]
Deputy Secretary of State

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) AB98 Subsidized Employment as amended by SB72 and AB106 (CalWORKs)	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
--	--

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND
	REPEAL
TITLE(S) MPP	Sections 41-440, 42-716, 42-717, and 44-207

3. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☒ File & Print	☐ Print Only
☒ Emergency (Gov. Code, §11346.1(b))		☒ Other (Specify) <u>SB 72 (Ch. 8, Stats. of 2011) Section 42</u>	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

☐ Effective 30th day after filing with Secretary of State	☐ Effective on filing with Secretary of State	☐ \$100 Changes Without Regulatory Effect	☒ Effective other (Specify) <u>July 1, 2012</u>
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☐ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify) _____		

7. CONTACT PERSON Zaid Dominguez, Manager, Office of Regulations	TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) Zaid.Dominguez@dss.ca.gov
---	------------------------------------	---	--

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <u>[Signature]</u>	DATE <u>6/8/12</u>
TYPED NAME AND TITLE OF SIGNATORY Pat Leary, Chief Deputy Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUN 25 2012

Office of Administrative Law

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for re adoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations
Gov. Code - Government Code
SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Amend Section 41.440.22 to read:

41-440 UNEMPLOYED PARENT PROGRAM (Continued)

41-440

.2 Requirements to be Met in Order to Establish Deprivation Due to Unemployment

To establish deprivation due to unemployment, the following requirements shall be met;
(Continued)

.22 The principal earner shall have worked less than 100 hours (Section 41-440.1(a)) during the four-week period prior to the date of eligibility for cash aid based on unemployment deprivation. The four-week period shall be adjusted daily to determine the four-week period in which the applicant principal earner worked less than 100 hours. (See Handbook Section below.)

.221 An individual who applies for CalWORKs after leaving aid due to AB 98 subsidized employment income as described in Sections 42-716.811(a) and 42-716.813(a), shall be considered a current recipient for the purpose of establishing unemployment deprivation if he or she applies within three calendar months of the subsidized employment ending.

(a) During the three calendar month period after the subsidized employment ends, the 100-hour work rule as described in Section 41-440.22 shall not apply.

(b) If an individual applies for CalWORKs after this three-month period has passed, he or she shall be considered an applicant for the purpose of establishing unemployment deprivation as described in Section 41-440.22, and the 100-hour work rule will apply. (See Handbook Section below.)

HANDBOOK BEGINS HERE

~~.221~~2 EXAMPLE:

An applicant principal earner was laid off on April 13th and worked a total of 40 hours in April and 40 hours per week in March. The family applied for aid on April 14th. The original four-week period would be from March 17th through April 13th. Since the PE worked 120 hours during this four-week period, a new four-week period would need to be identified.

March 18th through April 14th = 112 hours

March 19th through April 15th = 104 hours

March 20th through April 16th = 96 hours

The qualifying four-week period in which the PE worked less than 100 hours would be from March 20th through April 16th. The beginning date of aid for this family would be April 17th, if otherwise eligible.

HANDBOOK ENDS HERE

.23 (Continued)

Authority cited: Sections 10553, 10554, 10604, 11209, and 11450(g), Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10604, 11201 (~~Ch. 270, Stats. 1997~~), 11201.5, and 11270, and 11322.63(b), Welfare and Institutions Code; and 45 CFR 233.10(a)(1), 233.100(a)(5), and 250.30(b); ~~and~~ Family Support Act of 1988, Public Law (PL) 100-485, October 13, 1988; Family Support Administration Action Transmittal 91-15 (FSA-AT-91-15), dated April 23, 1991; and Omnibus Budget Reconciliation Act (OBRA) of 1990, Section 5061.

Amend Section 42-716 to read:

42-716 WELFARE-TO-WORK ACTIVITIES (Continued)

42-716

.8 Assembly Bill (AB) 98 Subsidized Employment

.81 Eligibility for entry into AB 98 subsidized employment under this section shall be limited to individuals who are not otherwise employed at the time of entry into the subsidized employment, and who meet one of the following criteria:

.811 Aided CalWORKs recipients participating in the welfare-to-work Program.

(a) These individuals may continue to participate in a county's AB 98 subsidized employment program if the family becomes ineligible for CalWORKs aid due to AB 98 subsidized employment income.

.812 Individuals in welfare-to-work sanction status as described in Section 42-721 who will cure their sanctions through AB 98 subsidized employment participation.

(a) AB 98 participants who cure their sanctions through AB 98 subsidized employment must maintain compliance with welfare-to-work requirements to continue in an AB 98 subsidized employment position.

.813 Individuals who have exceeded CalWORKs time limits and are receiving Safety Net benefits for their eligible children as defined in Section 42-302.1.

(a) These individuals may continue to participate in a county's AB 98 subsidized employment program if the family becomes ineligible for CalWORKs Safety Net benefits due to AB 98 subsidized employment income.

.82 AB 98 wage subsidies are limited to a maximum of six months for each participant.

.821 Upon entry into AB 98 subsidized employment, a Welfare-to-Work client shall participate in an AB 98 subsidized employment placement for no longer than six months.

(a) In order to mutually benefit the employer and the participant, AB 98 subsidized employment placements can be extended up to six additional months for up to a total of 12 months.

.83 If provided for in a county plan, the county may provide welfare-to-work services to former recipients whose families become ineligible for CalWORKs due to AB 98 subsidized employment income.

.831 The county may provide these services for up to the first 12 months of employment, to the extent they are not available from other sources and are needed for the individual to retain the subsidized employment.

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11253.5(b), 11265.1, 11265.2, 11320.3(b)(2), 11322.6, 11322.61, 11322.63, 11322.7, 11322.8, 11322.9, 11323.25, 11324.4, 11324.6(a), 11325.21(a) and (d)(1), 11325.22(b)(1), 11325.7(a), (c), (d), 11325.8(a), (c), (d), and (f), 11326, 11327.5, 11450.5, 11451.5, and 11454, Welfare and Institutions Code; and Section 8358(c)(2), Education Code; 7 U.S.C. 2029(a)(1); 7 U.S.C. 2035; U.S. Department of Labor guidance on FLSA, with attached U.S.D.A., Food and Nutrition Service (FNS) guidance on an SFSP, dated May 22, 1997; Simplified Food Stamp Program approval letters from FNS to implement the provisions of an SFSP, dated May 5, 2000 and August 3, 2000.

Amend Section 42-717 to read:

42-717 JOB RETENTION SERVICES (Continued)

42-717

- .3 The CWD may provide services to employed former recipients under Section 42-717 whether or not the former recipients have exhausted their CalWORKs ~~60~~ 48-month time limits. (Continued)
- .7 If the county provides services to the recipient after the 48-month limit has been reached, the recipient shall participate in community service or subsidized employment as described in Section 42-716.8.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11320.15, 11323.2(b), and 11500, Welfare and Institutions Code.

Amend Section 44-207.11 to read:

44-207 INCOME ELIGIBILITY

44-207

.1 The following financial eligibility test shall be applied to applicant cases.

.11 An applicant family shall not be eligible for cash aid unless the family's income, exclusive of the first ninety dollars (\$90) of earned income for each employed person, is less than the Minimum Basic Standard of Adequate Care (MBSAC) for the family.

.111 An individual who applies for CalWORKs after leaving aid due to AB 98 subsidized employment income as described in Sections 42-716.811(a) and 42-716.813(a) shall be considered a current recipient for the purpose of determining CalWORKs financial eligibility.

(a) During the three calendar month period after the subsidized employment ends, the county shall apply the recipient earned income disregards as described in Section 44-111.23.

(b) If an individual applies for CalWORKs after this three-month period has passed, he or she shall be considered an applicant for the purpose of determining CalWORKs financial eligibility as described in Section 44-207.11. (Continued)

.1112 (Continued)

HANDBOOK BEGINS HERE

.1123 (Continued)

HANDBOOK ENDS HERE

Authority cited: Sections 10553, 10554, 11450, and 11453, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11017, 11157 (~~Ch. 270, Stats. 1997~~), 11255, 11265.1, 11265.2, 11265.3, 11280, 11322.63(b), 11450.5, 11450.12 (~~Ch. 270, Stats. 1997~~), 11450.13 (~~Ch. 270, Stats. 1997~~), and 11451.5 (~~Ch. 270, Stats. 1997~~), Welfare and Institutions Code; 45 CFR 206.10(a)(1)(vii); 45 CFR 233.20(a)(2)(i) and (xiii); (a)(3)(ii)(F), (a)(3)(vi)(B), (a)(3)(xiv), and (a)(3)(xiv)(B); and Darces v. Woods (1984) 35 Cal. 3d 871; Petrin v. Carlson Court Order, Case No. 638381, May 12, 1993; Rutan v. McMahon, Case No. 612542-L (Alameda Superior Court) February 19, 1988; Letter from Department of Health and Human Services (DHSS), December 5, 1990; Johnson v. Carlson Stipulated Judgement Judgment; Ortega v. Anderson, Case No. 746632-0 (Alameda Superior Court) July 11, 1995; Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994; United States Department of Health and Human Services, Office of Family Assistance, Aid to Families with Dependent Children Action Transmittal No. ACF-AT-95-10 dated September 19, 1995; and Letters from the Department of Health and Human Services, Administration for Children and Families, dated February 29, 1996, March 11, 1996, and March 12, 1996.

EMERGENCY

STATE OF CALIFORNIA - OFFICE OF ADMINISTRATIVE LAW
NOTICE PUBLICATION/REGULATIONS SUBMISSION

File 8

(See instructions on reverse)

Print

ORIGINAL

For use by Secretary of State only

FILED

In the office of the Secretary of State
of the State of California

JUN 25 2012

At 2:12 O'Clock P M.
DEBRA BOWEN, Secretary of State

By *Mustagim*
Deputy Secretary of State

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER	EMERGENCY NUMBER 2012-0619-04EP
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For use by Office of Administrative Law (OAL) only

2012 JUN 19 P 2:46
OFFICE OF
ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

California Department of Social Services

AGENCY FILE NUMBER (If any)

ORD #0512-05

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) CalWORKs Earned Income Disregards for Determining Eligibility		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
TITLE(S) MPP		AMEND 40-105.4(g)(1), 44-111.23, 44-113.2, 44-133.54(QR), 44-315.39(QR), 89-201.513	
REPEAL			
3. TYPE OF FILING			
☐ Regular Rulemaking (Gov. Code §11346) ☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☒ Emergency (Gov. Code, §11346.1(b)) ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☒ File & Print ☐ Print Only ☒ Other (Specify) SB 72 (Ch. 8, Stats. of 2011) Section 42			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) ☐ Effective 30th day after filing with Secretary of State ☐ Effective on filing with Secretary of State ☐ \$100 Changes Without Regulatory Effect ☒ Effective other (Specify) July 1, 2012			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY ☐ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal ☐ Other (Specify)			
7. CONTACT PERSON Zaid Dominguez, Manager, Office of Regulations		TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional) (916) 654-3286
		E-MAIL ADDRESS (Optional) Zaid.Dominguez@dss.ca.gov	

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

Pat Leary
TYPED NAME AND TITLE OF SIGNATORY
Pat Leary, Chief Deputy Director

6/18/12

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUN 25 2012

Office of Administrative Law

Amend Handbook Section 40-105.4(g)(1) to read:

40-105 APPLICANT AND RECIPIENT RESPONSIBILITY (Continued)

40-105

.4 Immunization Requirements (Continued)

(g) Failure to Cooperate

If an applicant/recipient fails to submit timely verification of immunization of any child(ren) in the AU under the age of six (see Section 40-105.4(d)) and does not qualify for an exemption or have good cause (see Section 40-105.4(i)), the grant shall be reduced by the amount (MAP) allowed for the needs, as specified in Section 44-315.311, of the parent(s)/caretaker relative in the AU.

HANDBOOK BEGINS HERE

(1) Immunization Penalty Computations

Examples:

- (A) An AU composed of a mother and her three children fails to submit verification of immunization and is not found to have good cause. The mother has total earned income of \$525 per month and no disability-based unearned income. The AU is nonexempt and resides in Region 2.

Grant Computation - Single Penalty:

AU size remains four, but due to the penalty, use the MAP for three.

\$ 525	Gross Earned Income
- <u>225 112</u>	\$225 112 Income Disregard
\$ 300 413	Remaining Earned Income
- <u>150 206</u>	50% Earned Income Disregard*
\$ 150 206	Net Nonexempt Income*
\$ 538 608	MAP for three (excluding the parent)
- <u>150 206</u>	Total Net Nonexempt Income
\$ 388 402	Aid Payment

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP Section 44-315.34.

- (B) This same AU also fails to cooperate with the District Attorney's office in establishing paternity for child support.

Grant Computation - Double Penalty

\$ 525	Gross Earned Income
- <u>225 112</u>	<u>\$225 112</u> Income Disregard
\$ <u>300 413</u>	Remaining Earned Income
- <u>150 206</u>	50% Earned Income Disregard*
\$ <u>150 206</u>	Net Nonexempt Income
\$ 538 608	MAP for three (excludes the parent)
- <u>150 206</u>	Total Net Nonexempt Income
\$ 388 402	Aid Payment with First Penalty Applied
- <u>97 100</u>	25% of Aid Payment - Second Penalty for Failure to Cooperate with DA*
\$ 291 302	Aid Payment with Both Penalties Applied

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: Welfare and Institutions Code Section 11017, MPP Section 44-315.34

HANDBOOK ENDS HERE

(h) (Continued)

Authority cited: Sections 10553, 10554, 10604, 11209, 11253.5, 11265.2, 11265.3, 11265.8, 11266, 11268, 11450.5, and 11486, Welfare and Institutions Code, SB 72 (Chapter 8, Statutes of 2011), Section 42.

Reference: Sections 10553, 10554, 10604, 11017, 11209, 11253.5, 11265.3, 11265.8, 11266, 11268, 11450, 11451.5, 11453, 11486, 13283, 14005.2, and 18945, Welfare and Institutions Code; Section 48200, Education Code; 45 CFR 205.42(d)(2)(v)(A) and (B), as printed in Federal Register, Vol. 57, No. 198, Tuesday, October 13, 1992, page 46808; 45 CFR 205.52(a)(1) and (2); 45 CFR 233.10(a)(1)(iv) and 235.112(b); 45 CFR 400.43; 7 CFR 273.16(b); 8 United States Code (USC) 1182(d)(5)(B); 42 U.S.C. 402(a)(6) and 616(b); and Section 301(a)(1)(A) and (B) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193); California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996; The Trafficking Victims Protection Act of 2000 (P.L. 106-386), Sections 107(b)(1)(A), (B), and (C); The Trafficking Victims Protection Reauthorization Act of 2003 (Public Law 108-193).

Amend Section 44-111.23 to read:

44-111 PAYMENTS EXCLUDED OR EXEMPT FROM CONSIDERATION 44-111
AS INCOME (Continued)

.2 Exemption of Earned Income (Continued)

.23 \$225/112 and 50% Disregards

.231 A family shall have \$225 of disability-based unearned income ~~or~~ and up to \$112 of any earned income and 50% of any remaining earned income disregarded as income. These disregards are applied as follows and subject to the method outlined in Section 44-113.2. If the disability-based unearned income is:

- (a) Greater than \$225, the difference is added to any other nonexempt income.
- (b) Less than \$225, ~~the remainder~~ up to \$112 of the remaining disregard is subtracted from any earned income.
- (c) Zero, ~~the \$225~~ 112 is applied against any earned income.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code, SB 72 (Chapter 8, Statutes of 2011), Section 42.

Reference: Sections 10553, 10554, 11008.15, 11265.2, 11280, 11322.6(f)(3), 11157 (~~Ch. 439, Stats. of 2002~~), 11450.5, 11450.12, 11451.5, and 11451.7, Welfare and Institutions Code; 42 USC Section 602(g)(1)(E)(i); Section 8, Public Law 93-134; Section 2, Public Law 98-64; Section 13736, Public Law 103-66; Section 1, Public Law 100-286, Section 202(a), Public Law 100-485 and 20 USC 1087uu; 45 CFR 233.20(a)(3)(iv)(B), (a)(3)(xxi), 45 CFR 233.20(a)(4)(ii); (a)(4)(ii)(d); 45 CFR 233.20(a)(4)(ii)(p) and (q); 45 CFR 233.20(a)(11)(v)(C); 45 CFR 255.3(f)(1); 45 CFR 400.66; 45 CFR 401.12; Federal Action Transmittals ACF-AT-94-27 and 94-4 and FSA-IM-89-1; 45 CFR 233.20(a)(1)(ii); ~~and~~ 45 CFR 233.20(a)(3)(x); and *Cadaret v. Wagner* (Super. Ct. Sacramento County, 2011, No. 34-2009-80000302, Stipulation for Settlement and Order).

Amend Section 44-113.2 to read:

44-113 NET INCOME (Continued)

44-113

.2 Earnings

.21 Computation of Net Nonexempt Earned Income for CalWORKs (Continued)

215 Section 44-113.215(MR) shall become inoperative and Section 44-113.215(QR) shall become operative in a county on the date QR/PB becomes effective in that county, pursuant to the Director's QR/PB Declaration.

(QR) Apply ~~any~~ up to \$112 of the remainder of the \$225 disability-based unearned income disregard to the reasonably anticipated total monthly earned income for the family as determined in Section 44-113.213(QR). (Continued)

HANDBOOK BEGINS HERE

.22 Section 44-113.22(MR) shall become inoperative and Section 44-113.22(QR) shall become operative in a county on the date QR/PB becomes effective in that county, pursuant to the Director's QR/PB Declaration. (Continued)

(QR) Net Nonexempt Income Computation

Example 1

A nonexempt AU of three (a parent and two children) has gross monthly earned income of \$775 per month, with no other income. The monthly income is reasonably anticipated to continue at the same amount for the QR Payment Quarter. The family lives in Region 1.

\$ 775	Earned Income
- 225 112	\$225 112 Earned Income Disregard
\$ 550 663	Subtotal
- 275 331	50% Earned Income Disregard*
\$ 275 331	Total Net Nonexempt Income*

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP 44315.34.

HANDBOOK ENDS HERE

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code, SB 72 (Chapter 8, Statutes of 2011), Section 42).

Reference: Sections 10063 (~~Ch. 270, Stats. 1997~~), 10553, 10554, 10790, 10791, 11008, 11008.19, 11017, 11155.3 (~~Ch. 270, Stats. 1997~~), 11157 (~~Ch. 270, Stats. 1997~~), 11265.1, 11265.2, 11265.3, 11450, 11450.5, 11450.12 (~~Ch. 270, Stats. 1997~~), and 11451.5 (~~Ch. 270, Stats. 1997~~), 11453, Welfare and Institutions Code; 45 CFR 233.10; 45 CFR 233.20(a)(3)(ii)(C); 45 CFR 233.20(a)(3)(vi)(A); 45 CFR 233.20(a)(6)(v)(B); 45 CFR 255.3; 45 CFR 233.20(a)(3)(iv)(B); 45 CFR 233.20(a)(3)(xxi); 45 CFR 233.20(a)(4)(ii)(d); 45 CFR 233.20(a)(4)(ii)(p); Darces v. Woods (1984) 35 Cal. 3d 871; and Ortega v. Anderson, Case No. 746632-0 (Alameda Superior Court) July 11, 1995.

Amend Handbook Section 44-133.54 (QR) to read:

44-133 TREATMENT OF INCOME -- CALWORKS (Continued)

44-133

.5 Income and Needs in Cases in Which a Person is Excluded (Continued)

HANDBOOK BEGINS HERE

- .54 The following examples are provided to illustrate how to determine financial eligibility for the family in accordance with Sections 44-207.1 and .2 and the aid payment computation in accordance with Section 44-315. (Continued)

(QR) Example 2: Family with Ineligible Non-Citizen Members and Stepparent with No Income

Mother of two children has earnings of \$600 per month and the income is reasonably anticipated to continue at this amount for the QR Payment Quarter. One of the children is her citizen child and the other is her ineligible non-citizen child with deprivation. Mother receives direct child support in the amount of \$85 per month for the ineligible non-citizen child. Also in the home is the ineligible non-citizen spouse of the mother. The spouse does not have any income. The family lives in Region 1 and does not have exempt status.

Applicant Eligibility Determination

\$ 600	Actual Earned Income of Mother
- 90	Applicant Earned Income Disregard
\$ 510	Subtotal
+ 85	Unearned Income of Ineligible Non-Citizen Child
\$ 595	Total Net Nonexempt Income
\$ 595	Less Total NNI is less than the \$1,008 1,347 Region 1 Nonexempt Family MBSAC for Four, (family passes applicant test).

Recipient Financial Eligibility Test

\$ 600	Monthly Earned Income of Mother
- 225 112	\$112 Earned Income Disregard
\$ 375 488	Subtotal
- 187.50 244	50% Earned Income Disregard
\$ 187 244	Net Nonexempt Earned Income
+ 85	Unearned Income of Ineligible Non-Citizen Child
\$ 272 329	Total Net Nonexempt Income (rounded down)
\$ 272 329	Total NNI is Less than \$839 762 Region 1, Nonexempt Family MAP for Four, (family passes recipient financial eligibility test)

Grant Computation

\$ 839 762	Region 1, Nonexempt Family MAP for Four
- 272 329	Total Net Nonexempt Income
\$ 567 433	Potential Grant
\$ 568 516	MAP for AU of Two (includes mother and citizen child)
\$ 567 433	Aid Payment is the Lesser of the Potential Grant or MAP for the AU (Continued)

(QR) Example 3: Family with Ineligible Non-citizen AU Members and Stepparent with Income and Excluded Dependents

Recipient mother receives aid for herself and one child. The mother has earnings of \$600 per month that is reasonably anticipated to continue at the same amount during the QR Payment Quarter. Also living in the home are: 1) the ineligible non-citizen spouse of the aided parent; 2) the aided mother's ineligible non-citizen child in common with no deprivation; 3) the aided mother's citizen child in common who has no deprivation; and 4) a separate ineligible non-citizen child of the spouse. The spouse has \$375 per month earned income that is reasonably anticipated to continue at the same level during the QR Payment Quarter. The family is nonexempt and lives in Region 1.

Eligibility/Grant Computation

Step 1	\$ 975	Family's Monthly Earned Income
	- 225 112	\$225 112 Income Disregard
	\$ 750 863	Subtotal
	- 375 431	50% Earned Income Disregard*
	\$ 375 431	Net Earned Income
	\$ 375 431	Total Family Net Nonexempt Income*
Step 2	\$1,072 972	Family MAP for Six (All excluded dependents of the stepparent are included, regardless of deprivation since the stepparent's income is used.)
	- 375 431	Total Family Net Nonexempt Income
	\$ 697 541	Potential Grant
Step 3	\$568 516	AU MAP for Two
	\$697 541	Potential Grant
	\$568 516	Aid Payment (lesser of AU MAP or potential grant)

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP Section 44-315.34

HANDBOOK ENDS HERE

.55 (Continued)

Authority cited: Sections 10553, 10554, 10604, and 11369, Welfare and Institutions Code, SB 72 (Chapter 8, Statutes of 2011), Section 42.

Reference: Sections 10063, 10553, 10554, 10604, 11008.14, 11017, 11254, 11320.15, 11450, 11451.5, 11452, 11453, 11486, 18937, 18940, and 11371, Welfare and Institutions Code; 45 CFR 205.50(a)(1)(i)(A); 45 CFR 233.20(a)(1)(i); 45 CFR 233.20(a)(3)(ii)(C), (a)(3)(vi)(B), (a)(3)(xiv), (a)(3)(xiv)(B), and (xviii); 45 CFR 233.50(A)(c); and 45 CFR 233.90(c)(2)(i); Family Support Administration Action Transmittal 91-15 (FSA-AT-91-15), dated April 23, 1991; and Omnibus Budget Reconciliation Act (OBRA) of 1990; U.S. Department of Health and Human Services Federal Action Transmittal No. FSA-AT-91-4 dated February 25, 1991; Simpson v. Hegstrom, 873 F.2d 1294 (1989); Ortega v. Anderson, Case No. 746632-0 (Alameda Superior Court) July 11, 1995; and Federal Register, Vol. 58, No. 182, pages 49218 - 20, dated September 22, 1993; 8 U.S.C. 1631; and 42 U.S.C. 602(a)(39).

Amend Handbook Section 44-315.39 (QR) to read:

44-315 AMOUNT OF AID (Continued)

44-315

.3 Amount of Grant (Continued)

HANDBOOK BEGINS HERE

.39 Computation Examples

Handbook Section 44-315.39(MR) shall become inoperative and Handbook Section 44-315.39(QR) shall become operative in a county on the date QR/PB becomes effective in that county, pursuant to the Director's QR/PB Declaration.

(QR) Computation of Monthly Grant Amount for the QR Payment Quarter when the AU's Income Reported for the QR Data Month is Expected to Continue for Each Month of the QR Payment Quarter

Example 1:

A nonexempt family of four (a pregnant mom, stepfather (father of the unborn) and her two separate children) are in a July, August, and September Quarter. The stepfather has gross earned income of \$775 per month, with no other income and no reasonably anticipated changes in income for the QR Payment Quarter. The stepfather chooses to be excluded from the AU until the child in common is born. The family lives in Region 1.

\$ 775	Reasonably Anticipated Monthly Earned Income for the Family
<u>- 225 112</u>	\$225 112 Income Disregard
\$ 550 663	Subtotal
<u>- 275 331</u>	50% Earned Income Disregard*
\$ 275 331	Total Net Nonexempt Income*
\$ 839 762	"Family" MAP for Four (mother, stepfather and two children)
	Region 1
+ 47	Special Needs for AU (third trimester of pregnancy)
\$ 886 809	Total (MAP plus special needs)
<u>- 275 331</u>	Net Nonexempt Income
\$ 611 478	Potential Grant
\$ 704 638	Nonexempt AU MAP for Three (Region 1)
+ 47	Special Needs for AU
\$ 751 685	Total MAP plus Special Needs
\$ 611 478	Actual Grant Amount (lesser of potential grant or AU MAP plus special needs)

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP Section 44-315.34 (Continued)

(QR) Computation of Monthly Grant Amount for the QR Payment Quarter when the AU's Income Reported for the QR Data Month is Expected to Differ for One or More Months of the QR Payment Quarter.

Example 2:

A Region 1 nonexempt AU of four is in the October/November/December quarter. Mother submits the QR 7 for November to the county on December 10. On the QR 7, she reports that she started a part-time job in December that will only last until the end of January, when the holiday shopping season has ended. She reports that she will get paid \$900 in January and \$800 in February. One child is also receiving SSA disability benefits (DBI) of \$100 per month based on an absent father's disability. SSA disability benefits are considered disability based unearned income (DBI).

Benefits for the January/February/ March quarter are computed based on the income the AU reasonably anticipates it will receive during that quarter as follows:

\$ 100	Monthly DBI
\$ 900	Reasonably Anticipated Earned Income for January
+ 800	Reasonably Anticipated Earned Income for February
+ 0	Reasonably Anticipated Earned Income for March
\$1700	Subtotal Reasonably Anticipated Earned Income for Quarter
\$ 566.67	Reasonably Anticipated Earned Income Divided by the Number of Months in the QR Payment Quarter $1700/3 =$ (averaged monthly earnings)*
\$ 100	Reasonably Anticipated Monthly DBI Income
- 225	Less DBI Unearned Income Disregard
0	<u>Net DBI Income</u>
- \$125	<u>\$125</u> Remainder of \$225 DBI Disregard
\$ 566.67	Reasonably Anticipated Monthly Earned Income*
- 125.112	Less (remaining) remainder of $\$225/112$ Income Disregard
\$ 441.67 454	Subtotal*
- 220.84 227	Less 50% Earned Income Disregard*
\$ 220.83 227	Subtotal NNI*
\$ 0.00	Add Reasonably Anticipated Monthly DBI
+ 220	Add Reasonably Anticipated Monthly Earnings
\$ 220	Total NNI [Rounded down]

\$ 799 762	MAP for AU of Four
- 220 227	Less NNI
\$ 579 535	New Monthly Grant for the QR Payment Quarter

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP Section 44-315.34 (Continued)

(QR) Mid-Quarter Changes to Cash Aid

Example 3:

A Region 1 nonexempt AU of three (mother and two children) is in the October, November, and December quarter. On her previous QR 7 received in September, (QR Data Month for the previous quarter was August), mother reported her earned income to be \$600 and that she expected no changes for the next QR Payment Quarter.

\$ 600	Reasonably Anticipated Monthly Income for the Family
- 225 112	\$225112 Earned Income Disregard
\$ 375 488	Subtotal
- 187.50 244	50% Earned Income Disregard
\$ 187 244	Total Net Nonexempt Income [Rounded down]

\$ 704 638	Non-exempt MAP for Three, Region 1
- 187 244	Less Net Nonexempt Income
\$ 517 394	AU Monthly Grant for the QR Payment Quarter

On October 25, the mother voluntarily reports that the father, with no income, moved into the home on October 24. The father is determined eligible and is reasonably anticipated to have monthly income of \$200 for November and \$100 for December.

The Mid-Quarter Grant Calculation for the Remaining Months of the Quarter Would Be:

\$ 200	Father's Reasonably Anticipated Earned Income for November
+ 100	Father's Reasonably Anticipated Earned Income for December
\$ 300	Subtotal Reasonably Anticipated Earned Income for the Remainder of the Payment Quarter

\$ 150	Father's Earned Income Divided by the Remaining Months of the QR Payment Quarter $\$300/2 = \150 (reasonably anticipated monthly income)
--------	--

\$ 600	Existing AU's Previously Determined Reasonably Anticipated Monthly Earned Income (not recalculated)
+ 150	Father's Reasonably Anticipated Earned Monthly Income

\$ 750	Total Net Nonexempt Income for the Potential AU
- <u>225 112</u>	\$225112 Earned Income Disregard
\$ 525 638	Subtotal
- <u>262.50 319</u>	50% Earned Income Disregard
\$ 262 319	Total Net Nonexempt Averaged Income [Rounded down]
\$ 839 762	Non-exempt MAP for Four, Region 1 (includes eligible father)
- <u>262 319</u>	Less Net Nonexempt Income
\$ 577 443	AU Monthly Grant Payment for the Remaining Months of the QR Payment Quarter

Father is added to the existing AU effective November 1 since his addition to the AU will increase the cash aid. A supplement of \$60 49 is issued to the AU for November and the grant is increased to \$577 443 for the month of December.

HANDBOOK ENDS HERE

.4 Special Needs (Continued)

Authority cited: Sections 10553, 10554, 11209, 11450, 11450(g), 11450.018(a) and (b), 11452.018(a), and 11453, Welfare and Institutions Code, SB 72 (Chapter 8, Statutes of 2011), Section 42.

Reference: Sections 10553, 10554, 11004 (~~Ch. 270, Stats. 1997~~), 11017, 11209, 11253.5(d) and (e) (~~Ch. 270, Stats. 1997~~), 11254, 11265.2, 11265.3, 11265.8(a) (~~Ch. 270, Stats. 1997~~), 11323.4 (~~Ch. 270, Stats. 1997~~), 11450, 11450(g), 11450.01, 11450.015, 11450.018(a) and (b), 11451.018(a), 11450.03, 11450.5, 11451.5 (~~Ch. 270, Stats. 1997~~), 11452, 11453, and 11453(a) (~~Ch. 329, Stats. 1998~~), Welfare and Institutions Code;

Amend Handbook Section 89-201.513 to read:

89-201 MINOR PARENT REQUIREMENT (Continued)

89-201

.5 Senior Parent Income (Continued)

.51 Senior Parent/Minor Parent Eligibility and Grant Amount (Continued)

.513 Grant Amount (Continued)

HANDBOOK BEGINS HERE

(a) Handbook Section 89-201.513(a)(MR) shall become inoperative and Handbook Section 89-201.513(a)(QR) shall become operative in a county on the date QR/PB becomes effective in that county, pursuant to the Director's QR/PB Declaration. (Continued)

(QR) Example:
Eligible Minor
Parent in own AU
The persons residing together are the senior parent, her minor daughter (minor parent) and her minor daughter's child. The senior parent is not in the AU. The senior parent earns \$1,025 per month. The minor parent has no income. The family resides in Region 1 and is nonexempt.

The eligibility/grant computation is as follows:

\$1,025	Reasonably Anticipated Family Earned Income
- <u>225 112</u>	<u>\$112 Earned Income Disregard</u>
\$ <u>800 913</u>	
- <u>400 456</u>	50% Earned Income Disregard*
\$ <u>400 456</u>	Average Net Nonexempt Income*
\$ <u>704 638</u>	MAP for an AU of Three
- <u>400 456</u>	Total Averaged Net Nonexempt Income
\$ <u>304 182</u>	Potential Grant
\$ <u>568 516</u>	MAP for an AU of Two
\$ <u>304 182</u>	Actual Grant Amount (lesser of potential grant or AU MAP)

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP Section 44-315.34

(b) Handbook Section 89-201.513(b)(MR) shall become inoperative and Handbook Section 89-201.513(b)(QR) shall become operative in a county on the date QR/PB becomes effective in that county, pursuant to the Director's QR/PB Declaration. (Continued)

(QR) Example: Minor parent lives with both her parents. The Eligible Minor senior parents are in the AU with the minor Parent in AU parent and the minor's child. One senior parent of Senior earns \$900 per month. The other senior parent Parent(s) earns \$400 per month and receives \$125 in State Disability Insurance benefits. The minor parent has no income. The AU is nonexempt and resides in Region 1.

The eligibility/grant computation is as follows:

\$ 125	<u>Reasonably Anticipated Monthly Disability-Based Unearned Income</u>
- 225	<u>\$225 Disability-Based Unearned Income (DBI) Disregard</u>
0	<u>Net Disability-Based Unearned Income</u>
\$ 100	<u>Remainder of \$225 DBI Disregard</u>

\$ 125	Reasonably Anticipated Monthly Disability-Based Unearned Income
- 225	\$225 Income Disregard
- \$ 100	Net Nonexempt Disability-Based Income

\$1,300	Reasonably Anticipated Monthly Family Earned Income
- 100	<u>Remainder of \$225 DBI Disregard</u>
\$1,200	
- 600	50% Earned Income Disregard
\$ 600	Averaged Net Nonexempt Earned Income
+ 0	Other Nonexempt Unearned Income

\$ 600	Total Net Nonexempt Income
\$ 839 <u>762</u>	MAP for an AU of Four
- <u>600</u>	Net Nonexempt Income
\$ <u>239 162</u>	Grant Amount

HANDBOOK ENDS HERE

.6 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code, SB 72 (Chapter 8, Statutes of 2011), Section 42.

Reference: Sections 11008.14, 11017, 11254 (Ch. 1022, Stats. 2002), 11450, 11451.5, 11453, and 16506(d), Welfare and Institutions Code; ~~and~~ 42 USCA 608(a)(5).

EMERGENCY

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09)

File
Print

(See instructions on
reverse)

ORIGINAL

For use by Secretary of State only

FILED

In the office of the Secretary of State
of the State of California

JUN 25 2012

At 2:13 O'Clock P M.
DEBRA BOWEN, Secretary of State
By Alustagrow
Deputy Secretary of State

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER	EMERGENCY NUMBER 2012 0619 0356P
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

AGENCY WITH RULEMAKING AUTHORITY
California Department of Social Services

AGENCY FILE NUMBER (If any)
ORD #0412-03

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER
			PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) CalWORKs 48 Month Time Limit, Good Cause Exemption & Short Term Change	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)		
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT AMEND See attached. REPEAL		
TITLE(S) MPP			
3. TYPE OF FILING			
☐ Regular Rulemaking (Gov. Code §11346) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☒ Emergency (Gov. Code, §11346.1(b)) ☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☒ File & Print ☒ Other (Specify) SB 72 (Ch. 8, Stats. of 2011) Section 42 ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) ☐ Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) ☐ Effective 30th day after filing with Secretary of State ☐ Effective on filing with Secretary of State ☐ §100 Changes Without Regulatory Effect ☒ Effective other (Specify) July 1, 2012			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY ☐ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal ☐ Other (Specify)			
7. CONTACT PERSON Zaid Dominguez, Manager, Office of Regulations	TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) Zaid.Dominguez@dss.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY
Pat Leary, Chief Deputy Director

6/14/2012

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUN 25 2012

Office of Administrative Law

Notice Publication/Regulations Submission, STD. 400

California Department of Social Services

CalWORKs 48-Month Time Limit, Good Cause Exemption and Short Term Change
Section B.2. Specify California Code of Regulations Title(s) and Section(s):

Manual of Policies and Procedures (MPP)

Amend Sections:

40-107, 42-301, 42-302, 42-431, 42-712, 42-713, 42-716, 42-717, 42-721, 44-133,
44-307, 44-316, and 82-833

15

Amend Section 40-107 to read:

40-107 COUNTY RESPONSIBILITY

40-107

(a) Assisting the Applicant (Continued)

(4) The CWD shall provide the individual, in writing and orally as necessary, a description of the ~~60~~ 48-month time limit requirements, including the exemptions from the time limit, as provided in Sections 42-302.11 and 42-302.21 and the process by which recipients can claim the exemptions, as provided in MPP Section 42-302.3. The description of the ~~60~~ 48-month time limit requirements shall be provided at the time an individual applies for aid, at the time a recipient's eligibility for aid is redetermined, and any other time a notice of action establishing time on aid pursuant to this section is provided. In addition, counties are required to provide information on the number of months an applicant, recipient, or former recipient received aid as follows: (Continued)

(C) The recipient shall be informed, in writing, at the ~~54th~~ 42nd countable month on aid by using one of the following two methods: (Continued)

(D) Each recipient shall be informed by a notice of action provided in one month during the period of the recipient's ~~54th~~ 42nd through ~~58th~~ 46th countable months on aid. (Continued)

(F) (Continued)

2. The specific months that were exempt from the ~~60~~ 48-month time limit since the most recent notification (pursuant to MPP Sections 40-107(a)(4)(A), 40-107(a)(4)(B), 40-107(a)(4)(C)1. or 40-107(a)(4)(D), (Continued)

(G) The recipient shall be informed by a notice of action at the ~~60th~~ 48th countable month on aid. The notice shall include: (Continued)

2. Notification of the reduction in the grant amount due to the expiration of the CalWORKs ~~60~~ 48-month time limit or notification that the recipient will continue to receive aid beyond the ~~60~~ 48-month time limit based upon the criteria for exceptions as provided in MPP Section 42-302.11.

(H) After the ~~60~~ 48-month time limit notice of action, an adult who has reached the CalWORKs ~~60~~ 48-month time limit and whose children remain on aid, shall be informed by notice of action pursuant to MPP Section 40-107(a)(4)(B) when child support or overpayment recoupment reimburses any month(s) on aid. (See MPP Section 42-302.21(g) for reimbursement of aid through child

support recoupment and MPP Section 42-302.2 for overpayment months that are repaid.) (Continued)

- (I) After the ~~60~~ 48-month time limit notice of action, an adult who has reached the CalWORKs ~~60~~ 48-month time limit and whose children are no longer aided, shall be informed pursuant to MPP Sections 40-107(a)(4)(A) and (a)(4)(F). (Continued)

(5) (Continued)

HANDBOOK BEGINS HERE

- (B) Months of assistance provided by TANF funds shall be reported to the other state. Assistance provided by ~~the California in its state-only programs, the Separate State Program for Two Parent Families and the Segregated State Program for Legal Immigrants~~ is not subject to the ~~F~~ederal TANF 60-month time limit. Individuals who received aid provided by the state-only programs do not accrue months of assistance toward the federal TANF 60-month time limit and therefore, the months of aid shall not be reported to the other state.
- (C) Months that are exempt from the federal TANF 60-month time limit and months that are excluded from the federal definition of assistance and the federal regulations shall not be included in the cumulative number of months of assistance that is reported to the other state.

HANDBOOK ENDS HERE

.6 (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code; SB 72 (Chapter 8, Statute of 2011), Section 42.

Reference: Sections 10613, 11209, 11265.1, 11268, 11322.5 (~~as adopted by AB 1078, Chapter 622, Statutes of 2007~~), 11323.3, 11324.8(a), (b) and (c), 11454, 11454(b) and (e), 11454.2, 11495.1, and 11500, Welfare and Institutions Code; Section 37 of AB 444 (~~Chapter 1022, Statutes of 2002~~); 42 USC Sections 608(a)(7), 45 CFR 205.42(d)(2)(v)(A) and (B) as printed in Federal Register, Vol. 57, No. 198, Tuesday, October 13, 1992, page 46808; 45 CFR 205.52(a)(1) and (2); 45 CFR 205.55; and California Department of Health Services Manual Letter 77-1.

1
2 15

Amend Section 42-301 to read:

42-301 GENERAL TIME LIMIT REQUIREMENTS FOR ADULTS

42-301

.1 Time Limits

Effective ~~January~~ July 1, 1998 2011, there shall be a 48-month time limits on the receipt of aid in California for certain adults as specified in Section 42-302.1. Prior to this date, ~~no months shall count toward the time limit provisions there~~ was a 60-month time limit on the receipt of aid for certain adults.

.2 Ineligible Due to Time Limits

Adults who are ineligible for aid based on the ~~60~~ 48-month time limit provisions, specified in Section 42-302, shall be removed from the AU. See MPP Sections 44-133.8 and 82-833.1 for additional regulations pertaining to timed-out adults.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; SB 72 (Chapter 8, Statute of 2011), Section 42.

Reference: Sections 11450, ~~and~~ 11454(a), (b), and (c), and 11454.2, Welfare and Institutions Code.

Amend Section 42-302 to read:

42-302 ~~60~~ 48-MONTH TIME LIMIT REQUIREMENTS FOR ADULTS

42-302

.1 ~~60~~ 48-Month Time Limit

Except as specified in Section 42-302.11, no individual shall be eligible for aid when that individual has received aid as an adult, 18 years of age or older, for a cumulative total of ~~60~~ 48 months. The ~~60~~ 48-month time limit applies ~~both to aid received under CalWORKs, and The 48-month time limit also applies to any aid received~~ under another state's program funded by the federal Temporary Assistance to Needy Families (TANF) Program since January 1, 1998. The ~~60~~ 48-month time limit shall not apply to children.

.11 Exceptions

When an individual has been aided as an adult for ~~60~~ 48 months, additional months of aid may be provided to that adult when all parents, aided stepparents, and/or caretaker relatives residing in the home of the aided child(ren) meet any of the following conditions: (Continued)

.114

(Continued)

(b)

(Continued)

(1)

For purposes of this section, an individual who is fully participating in her/his welfare-to-work assignment upon reaching the ~~60~~ 48-month time limit shall be considered able to maintain employment or participation unless the individual's required welfare-to-work activity has been modified in accordance with MPP Section 42-302.114(b)(2)(B).

(A)

(Continued)

HANDBOOK BEGINS HERE

Example of an individual who is able to maintain employment and is participating for less than the required 32 or 35 hours per week: Due to a business slowdown, a recipient, who has

received ~~58~~ 46 countable months of aid, had her hours of unsubsidized employment reduced from 38 hours to 25 hours per week. Another appropriate welfare-to-work activity including, but not limited to job search, that would allow her to meet the 32- or 35-hour per week participation requirement and is consistent with her plan, does not become available before the recipient reaches her ~~60~~ 48-month time limit. Although the recipient is not participating for the required number of hours, she is not subject to sanction and is considered able to maintain employment.

Example of an individual who may be considered incapable of work and is participating for the required 32 or 35 hours per week through a modification of her/his welfare-to-work activities:

A recipient has a documented physical impairment, chronic back pain following surgical treatment for a back injury, and history of substance abuse. Upon reaching her ~~60~~ 48-month time limit, the recipient's welfare-to-work participation consists of substance abuse treatment, pain management classes, and community service as a clerical assistant.

HANDBOOK ENDS HERE

(2)

(Continued)

.12 Domestic Abuse

When an individual has been aided as an adult for ~~60~~ 48 months, aid may continue for that adult when the individual is a victim of domestic abuse and the county has determined that good cause exists for waiving the ~~60~~ 48-month time limit. See Section 42-713.22.

.2 Counting the ~~60~~ 48-Month Limit

Section 42-302.2(MR) shall become inoperative and Section 42-302.2(QR) shall become operative in a county on the date QR/PB becomes effective in that county, pursuant to the Director's QR/PB Declaration.

(MR)

Any month or partial month in which an adult is included in an AU that receives a cash grant, including Reduced Income Supplemental Payments (Section 44-400) and Special Needs, (Section 44-211), shall count for the purposes of the 60 48-month time limit, except as provided in Sections 42-302.21 (Exempt Months) and 42-302.22 (Diversion Count).

(MR)

Any overpayment month, (an entire month of aid in which the recipient was not entitled to cash aid), that is fully repaid shall not count for the purposes of the 60 48-month time limit.

(QR) Counting the 60 48-Month Limit

Any month or partial month in which an adult is included in an AU that receives a cash grant, including Special Needs (see Section 44-211), shall count for the purposes of the 60 48-month time limit, except as provided in Sections 42-302.21 (Exempt Months) and 42-302.22 (Diversion Count).

(QR)

Any overpayment month, (an entire month of aid in which the recipient was not entitled to cash aid), that is fully repaid shall not count for the purposes of the 60 48-month time limit.

.21 Exempt Months

Any month in which any of the following conditions exist for any period during the month shall not count toward the 60 48-month limit as specified: (Continued).

(b) Providing Care

(Continued)

(3)

Being the parent or other relative who has primary responsibility for personally providing care to one child who is from 12 to 23 months of age, inclusive, or two or more children who are under six years of age. This paragraph shall become inoperative on July 1, 2011 2012.

(c) Domestic Abuse

The individual is a victim of domestic abuse and the county has determined that good cause exists for waiving the 60 48-month time limit. See Section 42-713.22. (Continued)

(g) Aid is Reimbursed

(Continued)

(1) Process for
Reimbursement
of Months of Aid
Exemption

(Continued)

(C)

Each month of aid that is fully reimbursed by child support shall be exempt and not counted toward the CalWORKs ~~60~~ 48-month time limit of parents, aided stepparents, and/or aided caretaker relatives residing in the home of the child(ren.) (Continued)

(k) Lack of Necessary
Supportive Services

The individual is excused from participation for good cause due to lack of necessary supportive services, as specified in Section 42-713.21. This paragraph shall become inoperative on July 1, ~~2011~~ 2012.

.22 Diversion Count

Diversion payments as set forth in Section 81-215 count toward the ~~60~~ 48-month time limit unless they are recouped as provided in Section 42-302.223(a) or unless part or all of the diversion period is exempt as provided in Section 42-302.21 et seq. Count the months as follows:

.221 Diversion Payment
Month

The month in which a lump sum diversion payment is made counts as one month toward the ~~60~~ 48-month time limit unless the diversion recipient applies for CalWORKs cash aid during the diversion period, as specified in Section 81-215.41, and is determined to be eligible for CalWORKs. In that case, the diversion payment is treated in accordance with Section 42-302.223.

HANDBOOK BEGINS HERE

.222

A recipient receives a diversion lump sum payment of \$1,800 in March. The month of March counts toward the ~~60~~ 48-month time limit. The recipient's Region 2, Non-Exempt MAP amount is \$538. This results in a diversion period of three months for the months of March, April, and May. The recipient does not apply for

CalWORKs cash aid during the diversion period. The recipient reapplies in September and receives another diversion payment of \$800 in September. The months of March and September both apply toward the 60 48-month time limit. (Continued)

HANDBOOK ENDS HERE

.223 Reapplies for CalWORKs (Continued)
During Diversion Period

- (b) Count the diversion payment toward the 60 48-month time limit.
- (1) The number of months counted toward the 60 48-month time limit is calculated by dividing the total diversion payment by the MAP for the apparently eligible AU at the time the diversion payment was made. The month(s) resulting from this calculation, less any partial month, is (are) counted toward the 60 48-month limit. Do not count the initial month (as counted pursuant to Section 42-302.221) twice.

HANDBOOK BEGINS HERE

.224 A recipient with a Region 2, Non-Exempt MAP of \$538 received a lump sum diversion payment in the amount of \$1,800 in March. The recipient returns to the county in May (within the diversion period), is determined eligible for CalWORKs cash aid, and opts not to have the \$1,800 diversion payment recouped from the CalWORKs cash aid. The diversion payment equates to 3.3 months of aid. The partial month is dropped, and the recipient has a total of three months (March, April, and May) counted toward the 60 48-month time limit.

.225 A recipient with a Region 2, Non-Exempt MAP of \$538 receives a diversion lump sum payment of \$100 on March 2. The recipient reapplies for CalWORKs cash aid in the same month and is determined eligible. The month of March counts

as one month toward the 60 48-month limit because the recipient received CalWORKs aid.

HANDBOOK ENDS HERE

.3 Requesting Exemptions/Exceptions

An applicant or a recipient can request an exemption/exception verbally or in writing. When a recipient states that s/he meets a condition that qualifies as an exemption to the 60 48-month time limit, as specified in MPP Sections 42-712 and 42-302.21 or an exception to the 60 48-month time limit as specified in 42-302.11, the county shall document the request and provide the recipient with an exemption/exception request form, if necessary to complete the request. (Continued)

.31 Exemption/Exception Request Form

The form to request an exemption or exception shall include, but is not limited to, the following:

(a)

A description of the exemptions to the CalWORKs 60 48-month time limit, provided in MPP Section 42-302.21, and a description of the 60 48-month time limit exceptions, provided in MPP Section 42-302.11. (Continued)

Authority cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code; SB 72 (Chapter 8, Statute of 2011), Section 42.

Reference: Sections 10553, 10554, 11266.5, 11320, 11320.3, 11454, 11454(e) and (e)(5), 11454.2, 11454.5, 11454.5(b) and (b)(4) and (5), and 11495.1, Welfare and Institutions Code; Section 37 of AB 444 (Chapter 1022, Statutes of 2002); and 42 U.S.C. 608(a)(7)(a), (B) and (D).

Amend Section 42-431.6 to read:

42-431 ELIGIBILITY REQUIREMENTS (Continued)

42-431

.6 (Continued)

- .63 Eligibility for state-funded services will continue until the recipient has a final administrative denial, as defined in Section 42-431.541(a), of a U Visa application or when the ~~60~~ 48-month program limitation has been reached, whichever comes first.

Authority cited: Sections 10553 and 10554, Welfare Institutions Code; and SB 1569 (Chapter 672, Statutes of 2006); SB 72 (Chapter 8, Statute of 2011), Section 42.

Reference: Sections 11454, 11454.2, 13283, 14005.2, and 18945, Welfare and Institutions Code; 8 United States Code 1182(d)(5)(B), 28 Code of Federal Regulations (CFR) Section 1100.35, 45 (CFR) Section 400.43; the Trafficking Victims Protection Act of 2000 (P.L. 106-386), Sections 107(b)(1)(A), (B), and (C).

Amend Section 42-712 to read:

42-712 EXEMPTIONS FROM WELFARE-TO-WORK PARTICIPATION 42-712
(Continued)

.4 (Continued)

.47 Exemption Based on the Care of a Child

.474 The parent or other relative who has primary responsibility for personally providing care to one child who is from 12 to 23 months of age, inclusive, or two or more children who are under six years of age is exempt from welfare-to-work participation. This paragraph shall become inoperative on July 1, 2011 2012. (Continued)

.6 Any month in which an individual is exempt from participation in welfare-to-work activities based on the following exemption criteria shall not be taken into consideration as a month of receipt of aid in computing the ~~60~~ 48-month time limit described in Section 42-302. Other exemptions from the ~~60~~ 48-month time limit are listed in Section 42-302. (Continued)

.64 Being responsible for personally providing care to a child or children of a specific age, as described in Section 42.712.474. This paragraph shall become inoperative on July 1, 2011 2012. (Continued)

Authority cited: Sections 10553, 10554, 10604, and 11369, Welfare and Institutions Code; SB 72 (Chapter 8, Statute of 2011), Section 42.

Reference: Sections 10553, 10554, 10063(b), 11253.5, 11320, 11320.3, 11331.5(a), (b), (c), and (d), 11454, 11454.2, and 11454.5, Welfare and Institutions Code; and 42 U.S.C. 5044(f)(2).

Amend Section 42-713.4 to read:

42-713 GOOD CAUSE FOR NOT PARTICIPATING (Continued)

42-713

- .4 An individual who is excused from welfare-to-work participation for good cause is subject to the ~~60~~ 48-month time limit in Section 42-302.
- .41 A CWD may waive the ~~60~~ 48-month time limit for victims of domestic abuse as provided in Section 42-713.221(a).(Continued)
- .43 Effective July 28, 2009, any month in which an individual is excused from participation for good cause due to lack of supportive services, as specified in Section 42-713.21, shall not be counted toward the ~~60~~ 48-month time limit. This paragraph shall become inoperative on July 1, ~~2011~~ 2012. (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code; SB 72 (Chapter 8, Statute of 2011), Section 42.

Reference: Sections 11320.3(b) and (f), 11323.2, 11325.23(c), 11454, 11454.2, 11454.5, 11495, and 11495.1, Welfare and Institutions Code; 42 U.S.C. 607(e)(2); and 45 CFR 261.15.

Amend Section 42-716 to read:

42-716 WELFARE-TO-WORK ACTIVITIES (Continued)

42-716

.1 (Continued)

- .11 Individuals may participate in activities pursuant to Section 42-716.2 for up to the ~~60~~ 48-month time limit in accordance with Section 42-302, as long as participation is consistent with their assessments under Section 42-711.55 and/or in accordance with their welfare-to-work plan under Section 42-711.6, or reappraisal under Section 42-711.7. (Continued)

.2 (Continued)

.21 (Continued)

- .211 Participation in vocational education and training programs pursuant to Section 42-716.31(m) may only count as a core activity for a cumulative total of 12 months during an individual's ~~60~~ 48-month time limit on aid. (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code; SB 72 (Chapter 8, Statute of 2011), Section 42.

Reference: Sections 11253.5(b), 11265.1, 11265.2, 11320.3(b)(2), 11322.6, 11322.61, 11322.7, 11322.8, 11322.9, 11324.4, 11324.6(a), 11325.21(a) and (d)(1), 11325.22(b)(1), 11325.7(a), (c), (d), 11325.8(a), (c), (d), and (f), 11326, 11327.5, 11450.5, 11451.5, and 11454, and 11454.2, Welfare and Institutions Code; and Section 8358(c)(2), Education Code; 7 U.S.C. 2029(a)(1); 7 U.S.C. 2035; U.S. Department of Labor guidance on FLSA, with attached U.S.D.A., Food and Nutrition Service (FNS) guidance on an SFSP, dated May 22, 1997; Simplified Food Stamp Program approval letters from FNS to implement the provisions of an SFSP, dated May 5, 2000 and August 3, 2000.

Amend Section 42-716.3 to read:

42-717 JOB RETENTION SERVICES (Continued)

42-717

- .3 The CWD may provide services to employed former recipients under Section 42-717 whether or not the former recipients have exhausted their CalWORKs ~~60~~ 48-month time limits. (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; SB 72 (Chapter 8, Statute of 2011), Section 42.

Reference: Sections 11323.2(b), 11454, 11454.2, and 11500, Welfare and Institutions Code.

Amend Section 42-721.4 to read:

42-721 NONCOMPLIANCE WITH PROGRAM REQUIREMENTS (Continued) 42-721

.4 Sanctions (Continued)

.41 (Continued)

- .411 Any month in which an individual is under sanction and removed from the assistance unit shall not be counted as a month of receipt of aid in determining the ~~60~~ 48-month time limit in accordance with Section 42-302.115. (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code; SB 72 (Chapter 8, Statute of 2011), Section 42.

Reference: Sections 11203, 11265.2, 11320, 11320.31, 11322.9, 11324.8(d), 11327.4, 11327.5(a) through (e), 11327.6, 11327.8, 11327.9, 11328.2, 11333.7, 11454, 11454.2, and 16501.1(d), (e), (f), and (g), Welfare and Institutions Code

Amend Section 44-133.8 to read:

44-133 TREATMENT OF INCOME – CALWORKS (Continued)

44-133

.8 Income and Needs of Time-Out Adults.

Income and needs of adults living in the home who have been removed from the AU due to exceeding the ~~60~~ 48-month CalWORKs time limits shall be treated as follows: (Continued)

Authority cited: Sections 10553, 10554, 10604, and 11369, Welfare and Institutions Code; SB 72 (Chapter 8, Statute of 2011), Section 42.

Reference: Sections 10063, 10553, 10554, 10604, 11008.14, 11254, 11320.15, 11450, 11452, 11453, 11454, 11454.2, 11486, 18937, 18940, and 11371, Welfare and Institutions Code; 45 CFR 205.50(a)(1)(i)(A); 45 CFR 233.20(a)(1)(i); 45 CFR 233.20(a)(3)(ii)(C), (a)(3)(vi)(B), (a)(3)(xiv), (a)(3)(xiv)(B), and (xviii); 45 CFR 233.50(A)(c); and 45 CFR 233.90(c)(2)(i); Family Support Administration Action Transmittal 91-15 (FSA-AT-91-15), dated April 23, 1991; and Omnibus Budget Reconciliation Act (OBRA) of 1990; U.S. Department of Health and Human Services Federal Action Transmittal No. FSA-AT-91-4 dated February 25, 1991; Simpson v. Hegstrom, 873 F.2d 1294 (1989); Ortega v. Anderson, Case No. 746632-0 (Alameda Superior Court) July 11, 1995; and Federal Register, Vol. 58, No. 182, pages 49218 - 20, dated September 22, 1993; 8 U.S.C. 1631; and 42 U.S.C. 602(a)(39).

Amend Section 44-307.5 to read:

44-307 VOUCHER/VENDOR PAYMENTS (Continued)

44-307

.5 Optional Voucher/Vendor Payments (Continued)

.52 Over Time Limit

When an adult is removed from the AU after reaching the ~~60~~ 48-month time limit specified in Section 42-302.1, counties have the option of providing aid to the AU in the form of vouchers or vendor payments. (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; SB 72 (Chapter 8, Statute of 2011), Section 42.

Reference: Sections 11251.3, 11320.15, 11327.5(d), 11450.13, 11453.2, 11454, 11454.2, and 17012.5, Welfare and Institutions Code; and Section 1942, Civil Code.

Amend Section 44-316.331 to read:

44-316 REPORTING CHANGES AFFECTING ELIGIBILITY AND 44-316
 GRANT DETERMINATIONS AND COUNTY ACTIONS (Continued)

.3 (Continued)

(QR) .33 County Initiated Mid-Quarter Changes (Continued)

(QR) .331 County-initiated actions include:

(QR) (a) An adult in the AU reaches the 60 ~~48~~-month time limit; (Continued)

Authority Cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code; SB 72
(Chapter 8, Statute of 2011), Section 42.

Reference: Section 10063 (Ch. 270, Stats. 1997), 11265, 11265.1, 11265.2, 11265.3, and
 11450.5, 11454, and 11454.2, Welfare and Institutions Code.

Amend Section 82-833.1 to read:

82-833 TIMED-OUT ADULTS

82-833

- .1 A timed-out adult is an adult who has been removed from the AU due to exceeding the 60 48-month CalWORKs time limit specified in MPP Section 42-301. See MPP Section 44-133.8 for treatment of income and needs of timed-out adults. (Continued)

Authority cited: Sections 10553, 10554, 11270, and 11369, Welfare and Institutions Code; SB 72 (Chapter 8, Statute of 2011), Section 42.

Reference: 45 CFR 205.42(d)(2)(v)(A) and (B), as printed in Federal Register, Vol. 57, No. 198, Tuesday, October 13, 1992, page 46808, 45 CFR 205.52, 45 CFR 206.10(a)(5)(i), 45 CFR 232.12(d), 45 CFR 233.10(a)(1)(i), (a)(1)(i)(B), and (a)(3), 45 CFR 233.20(a)(1)(i), (a)(3)(ii)(C) and (F), and (a)(3)(ix), 45 CFR 233.50, 45 CFR 233.51, 45 CFR 233.90(c), (c)(1), and (c)(2)(iv), 45 CFR 233.100(a)(5)(ii), 45 CFR 233.106, 45 CFR 240 240.22, and 45 CFR 250.34(a) and (c), and (c)(2); and Sections 11008.13, 11104, 11157, 11201(b), 11203, 11251.3, 11263.5, 11268, 11270, 11315, 11320.6(e), 11327.5(c), 11406.5, 11450, 11454, 11454.2, 11454.5, 11477, 11477.02, 11486, and 11486.5, Welfare and Institutions Code; and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, Section 115.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-201-1213-01	REGULATORY ACTION NUMBER 2012-0711-015	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
RECEIVED FOR FILING PUBLICATION DATE DEC 13 '11 DEC 30 '11 Office of Administrative Law NOTICE		2012 JUL 11 A 8:57 OFFICE OF ADMINISTRATIVE LAW REGULATIONS	

FILED

In the office of the Secretary of State
of the State of California

AUG 20 2012

At 2:53 O'Clock P M.
DEBRA BOWEN, Secretary of StateBy [Signature]
Deputy Secretary of StateAGENCY WITH RULEMAKING AUTHORITY
California Department of Social ServicesAGENCY FILE NUMBER (if any)
ORD# 1011-08

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE SB 781 Eviction Procedures		TITLE(S) 22	FIRST SECTION AFFECTED 87224	2. REQUESTED PUBLICATION DATE December 30, 2011
3. NOTICE TYPE ☒ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON Zaid Dominguez	TELEPHONE NUMBER 916-657-2586	FAX NUMBER (Optional) 916-654-3286
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER <u>2011 No. 52-2</u>	PUBLICATION DATE <u>12-30-2011</u>

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) <u>SB 781 Eviction Procedures</u>		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.) <u>22/MPP</u>		ADOPT <u>87224</u> AMEND <u>per agency request</u> REPEAL	
3. TYPE OF FILING			
☒ Regular Rulemaking (Gov. Code §11346) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☐ Emergency (Gov. Code, §11346.1(b)) ☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☐ File & Print ☐ Other (Specify) _____ ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) ☐ Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
☒ Effective 30th day after filing with Secretary of State ☐ Effective on filing with Secretary of State ☐ §100 Changes Without Regulatory Effect ☐ Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
☒ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal ☐ Other (Specify) _____			
7. CONTACT PERSON <u>Zaid Dominguez</u>		TELEPHONE NUMBER <u>(916) 651-8267</u>	FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) <u>zaid.dominguez@dss.ca.gov</u>

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE
[Signature]
TYPED NAME AND TITLE OF SIGNATORY
Pat Leary, Chief Deputy Director

DATE
7/6/2012

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

AUG 20 2012

Office of Administrative Law

Amend Section 87224 to read:

87224 EVICTION PROCEDURES

87224

(a) (Continued)

- (4) If, after admission, it is determined that the resident has a need not previously identified and a reappraisal has been conducted pursuant to Section 87587 87463, and the licensee and the person who performs the reappraisal believe that the facility is not appropriate for the resident.

(5) (Continued)

- (d) The licensee shall set forth in the notice to quit the reasons relied upon for the eviction with specific facts to permit determination of the date, place, witnesses, and circumstances concerning those reasons.

(1) The notice to quit shall include the following information:

(A) The effective date of the eviction.

(B) Resources available to assist in identifying alternative housing and care options which include, but are not limited to, the following:

1. Referral services that will aid in finding alternative housing.
2. Case management organizations which help manage individual care and service needs.

HANDBOOK BEGINS HERE

The following list is a sample of resource options:

- (1) California Advocates for Nursing Home Reform: Residential Care Guide
<http://www.residentialcareguide.org>
(415) 974-5171
- (2) Elder Care Locator
www.eldercare.gov
1-800-677-1116
- (3) California Health Care Foundation
www.calqualitycare.org
- (4) Community Care Licensing Division Facility Search
<http://www.cclid.ca.gov/PG477.htm>

- (5) California Department of Aging: local services
http://www.aging.ca.gov/call_for_services.asp#ombudsman
- (6) The Alzheimer's Association – <http://www.alz.org/>
- (7) National Association of Professional Geriatric Care Managers
<http://www.caremanager.org/>
- (8) Jewish Family Services Association
[http://www.acronymfinder.com/Jewish-Family-Service-Association-\(various-locations\)-\(JFSA\).html](http://www.acronymfinder.com/Jewish-Family-Service-Association-(various-locations)-(JFSA).html)
- (9) California Registry – <http://calregistry.com/>
- (10) The statewide Senior Information Hotline (800-510-2020)
- (11) Licensees may contact vendors, advocacy organizations and provider associations to assist in developing a list of resources;

HANDBOOK ENDS HERE

- (C) A statement informing residents of their right to file a complaint with the licensing agency, as specified in Section 87468, subsection (a)(4), including the name, address and telephone number of the licensing office with whom the licensee normally conducts business, and the State Long Term Care Ombudsman office.
- (D) The following exact statement as specified in Health and Safety Code Section 1569.683(a)(4): "In order to evict a resident who remains in the facility after the effective date of the eviction, the residential care facility for the elderly must file an unlawful detainer action in superior court and receive a written judgment signed by a judge. If the facility pursues the unlawful detainer action, you must be served with a summons and complaint. You have the right to contest the eviction in writing and through a hearing."
- (e) (Continued)

Authority Cited: Section 1569.30, Health and Safety Code.

Reference: Sections 1569.1, 1569.2, 1569.31, 1569.312, 1569.315, 1569.54, 1569.683, and 1569.73, Health and Safety Code.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2012-0719-01N	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

AGENCY WITH RULEMAKING AUTHORITY

DEPARTMENT OF SOCIAL SERVICES *per agency request*

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Interagency - Providing Services to Pupils with Disabilities		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT AMEND 60000, 60010, 60300, 60310, 60323, 60325, 60330, 60400, 60550, 60560, 60600, and 60610 REPEAL 60020, 60025, 60030, 60040, 60045, 60050, 60055, 60100, 60110, 60200	
3. TYPE OF FILING			
☐ Regular Rulemaking (Gov. Code §11346) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4) ☐ Emergency (Gov. Code, §11346.1(b))		☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	
☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☐ File & Print ☐ Other (Specify) _____		☒ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) ☐ Print Only	
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
☐ Effective 30th day after filing with Secretary of State		☐ Effective on filing with Secretary of State	
☒ \$100 Changes Without Regulatory Effect		☐ Effective other (Specify) _____	
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
☐ Department of Finance (Form STD. 399) (SAM §6660)		☐ Fair Political Practices Commission	
☐ Other (Specify) _____		☐ State Fire Marshal	
7. CONTACT PERSON Cynthia Olsen	TELEPHONE NUMBER (916) 319-0584	FAX NUMBER (Optional) (916) 319-0155	E-MAIL ADDRESS (Optional) colsen@cde.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

Pat Leary, Chief Deputy Director

For use by Secretary of State only

ORIGINAL
FILED

In the office of the Secretary of State of the State of California

AUG 30 2012

At 4:23 O'Clock P M.
DEBRA BOWEN, Secretary of StateBy *[Signature]*
Deputy Secretary of State

AGENCY FILE NUMBER (if any)

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

AUG 30 2012

Office of Administrative Law

1 **Title 2. Administration**

2 **Division 9. Joint Regulations for Pupils with Disabilities**

3 **Chapter 1. Interagency Responsibilities for Providing Services to Pupils**
4 **with Disabilities**

5 **Article 5. Occupational Therapy and Physical Therapy**

6
7 **§ 60300. California Children's Services (CCS) Medical Therapy Program**

8 **Definitions.**

9 ...

10 (k) "Medical therapy services" are occupational therapy or physical therapy services
11 that require a medical prescription and are determined to be medically necessary by
12 CCS. Medical therapy services include:

13 (1) "Treatment", an intervention to individuals or groups of pupils in which there are
14 occupational therapy or physical therapy services as per California Business and
15 Professions Code, Chapter 5.7, Article 2, Section 2620.

16 ...

17 NOTE: Authority cited: Section 7587, Government Code; and Section 20, Health and
18 Safety Code. Reference: Section 7575, Government Code; Sections 123825, 123850,
19 123875 and 123905, Health and Safety Code; Sections 3001(x) and 3051.6(b) of Title
20 5, California Code of Regulations; and Section 2620 of Chapter 5.7, Article 2, California
21 Business and Professions Code.

22
23 **§ 60310. Local Interagency Agreements Between CCS and Education Agencies.**

24 (a) In order to facilitate the provision of services described in subdivisions (a), (b),
25 ~~(c)(d)~~, and ~~(d)(e)~~ of Section 7572 of the Government Code and subdivisions (a), (b), and
26 (d) of Section 7575 of the Government Code, each independent county agency and
27 each authorized dependent county agency of CCS shall appoint a liaison for the county
28 agency of CCS. The county Superintendent of Schools or SELPA director shall ensure
29 the designation of a liaison for each SELPA in each local plan.

30 ...

31 (c) Each independent county agency and each dependent county agency of CCS
32 and the county Superintendent of Schools or SELPA director shall ensure the
33 development and implementation of a local interagency agreement in order to facilitate

the provision of medically necessary occupational therapy and physical therapy which shall include at a minimum a delineation of the process for:

...
(6) Describing the methods of participation of CCS in the IEP team meetings pursuant to Government Code Section 7572(d)(e);

...
NOTE: Authority cited: Section 7587, Government Code; and Section 20, Health and Safety Code. Reference: Sections 7572 and 7575, Government Code; Section 123875, Health and Safety Code; Section 300.500 of Title 34, Code of Federal Regulations; and Section 56341, Education Code.

§ 60323. Medical Therapy Program Responsibilities.

...
(f) Medical therapy services must be provided by or under the supervision of a registered occupational therapist or licensed physical therapist in accordance with CCS regulations and requirements. This therapy does not include fine and gross motor activities which can be provided by qualified personnel, pursuant to Business and Professions Code California Code of Regulations, Title 5, Section 2620.

NOTE: Authority cited: Section 7587, Government Code; and Section 20, Health and Safety Code. Reference: Section 7575, Government Code; Sections 123825, 123850 and 123905, Health and Safety Code; and Section 3001(x) of Title 5, California Code of Regulations.

§ 60325. Individualized Education Program for Therapy Services.

...
(b) CCS shall participate in the IEP team as set forth in Government Code Section 7572(d)(e).

...
NOTE: Authority cited: Section 7587, Government Code; and Section 20, Health and Safety Code. Reference: Sections 7572(d)(e) and 7575, Government Code; Section 56345, Education Code; and Section 3051.6 of Title 5, California Code of Regulations.

§ 60330. Space and Equipment for Occupational Therapy and Physical Therapy.

(a) The medical therapy unit shall have necessary space and equipment to accommodate the following functions: administration, medical therapy conference, comprehensive evaluation, private treatment, activities of daily living, storage, and modification of equipment. The specific space and equipment requirements are dependent upon local needs as determined by joint agreement of state CCS, county CCS, and LEAs, and approved by both the California Department of Education and the State Department of Health Care Services.

...

(c) All new construction, relocation, remodeling or modification of medical therapy units and medical therapy unit satellites shall be mutually planned and approved by the California Department of Education and the State Department of Health Care Services.

NOTE: Authority Cited: Section 7587, Government Code; and Section 20, Health and Safety Code. Reference: Section 7575(d), Government Code.

Article 6. Home Health Aide

§ 60400. Specialized Home Health Aide.

(a) The Department of Health Care Services shall be responsible for providing the services of a home health aide when the local education agency (LEA) considers a less restrictive placement from home to school for a pupil for whom both of the following conditions exist:

...

NOTE: Authority cited: Section 7587, Government Code; and Section 20, Health and Safety Code. Reference: Section 7575(e), Government Code; and Section 51337 of Title 22, California Code of Regulations.

Article 9. Interagency Dispute Resolution

§ 60600. Application of Procedures.

(a) The procedures of this article apply as specified in Government Code 7585, when there is a dispute between or among the California Department of Education or a LEA or both and any agency included in Sections 7575 and ~~7576~~ of the Government Code over the provision of related services, when such services are contained in the IEP of a pupil with a disability. This article also applies when the responsibility for

1 providing services, ordered by a hearing officer or agreed to through mediation pursuant
2 to Sections 56503 and 56505 of the Education Code, is in dispute among or between
3 the public agencies.

4 ...

5 NOTE: Authority cited: Section 7587, Government Code. Reference: Sections 7572 and
6 7585, Government Code; and Sections 56503 and 56505, Education Code.

7
8 **§ 60610. Resolution Procedure.**

9 (a) Whenever notification is filed pursuant to subsection (a) of Section 7585 of the
10 Government Code, the dispute procedures shall not interfere with a pupil with a
11 disability's right to receive a free, appropriate public education.

12 (1) If one of the departments or local agencies specified in Sections 7575, ~~7576~~,
13 7577, and 7578 of the Government Code has been providing the service prior to
14 notification of the failure to provide a related service or designated instruction and
15 service, that department or local agency shall pay for, or provide, at its discretion, the
16 service until the dispute resolution proceedings are completed.

17 ...

18 (b) In resolving the dispute, the State Superintendent of Public Instruction and
19 Secretary of the Health and Welfare Human Services Agency or their designees shall
20 meet to resolve the issue within 15 days of receipt of the notice.

21 ...

22 NOTE: Authority cited: Section 7587, Government Code. Reference: Sections 7575,
23 ~~7576~~, 7577, 7578 and 7585, Government Code.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2012-0515-04	REGULATORY ACTION NUMBER 2012-0920-02 S	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2012 SEP 20 PM 2:21

OFFICE OF
ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

California Department of Social Services

ORIGINAL

For use by Secretary of State only

FILED

In the office of the Secretary of State
of the State of California

NOV 1 2012

At 1:13 O'Clock P M.
DEBRA BOWEN, Secretary of StateBy *Shkistagurov*
Deputy Secretary of State

AGENCY FILE NUMBER (If any)

ORD #1211-09

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2012, NO. 21-2	PUBLICATION DATE 5/25/2012

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) SB 1341, Personal Property Retention (CalWORKs Program)	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
---	--

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 42-213, 44-211
	REPEAL
TITLE(S) MPP	

3. TYPE OF FILING

☒ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))		☐ Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

N/A

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

☒ Effective 30th day after filing with Secretary of State	☐ Effective on filing with Secretary of State	☐ §100 Changes Without Regulatory Effect	☐ Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify) _____		

7. CONTACT PERSON Zaid Dominguez, Manager, Office of Regulations	TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) Zaid.Dominguez@dss.ca.gov
---	------------------------------------	---	--

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

Pat Leary, Chief Deputy Director

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

NOV 01 2012

Office of Administrative Law

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09) (REVERSE)

INSTRUCTIONS FOR PUBLICATION OF NOTICE AND SUBMISSION OF REGULATIONS

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code §11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for reoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations
Gov. Code - Government Code
SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Amend Section 42-213.231 to read:

42-213 PROPERTY ITEMS TO BE EXCLUDED IN EVALUATING PROPERTY 42-213
WHICH MAY BE RETAINED (Continued)

- .2 Personal Property and Vehicles to Be Excluded: The county shall determine personal property items and vehicles to be excluded in evaluating property in accordance with methods established under the Food Stamp Program (see Food Stamp regulations at Manual of Policies and Procedures Sections 63-501.3, .52, and .53) except as noted below. (Continued)

- .23 Restricted accounts shall be excluded for CalWORKs recipients.

.231 Restricted Accounts (Continued)

(d) Specific Purpose

The funds must be retained for one or more of these specific purposes:
(Continued)

(2) Education or Training

any education or vocational training expenses of the account holder or any person who is claimed or could be claimed by the account holder as a dependent for federal income tax purposes; or

(3) Business

start up of a new business; or

(4) Homelessness Prevention

Costs associated with securing permanent rental housing or to make rent payments to overcome a period of homelessness.
(Continued)

(g) Qualifying Withdrawal

The AU is allowed 30 calendar days from the date of a withdrawal to expend funds for one or more of the following expenses: (Continued)

(4) Homelessness Prevention

Allowable expenses shall include, but are not limited to, first and last month's rent, other deposits required under the rental agreement, and credit check fees.

(4 5) No Expense Incurred (Continued)

Authority Cited: Sections 10553, 10554, ~~and~~ 10604, and 11155.2, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11155, 11155.2 (~~Chapter 622, Statutes of 2007~~), 11155.5, 11257, 11265.1, 11265.2, 11450, and 11450.5, Welfare and Institutions Code; Sidwell v. McMahon, United States District Court (E.D. Cal.) May 7, 1990, civil no. S-89-0445; Public Laws 97-458, 98-64, and 103-286; and Federal Action Transmittal 91-23, 45 CFR 233.20(a)(3)(i)(B).

Amend Section 44-211.32 to read:

44-211 SPECIAL NEEDS IN CALWORKS (Continued)

44-211

.3 Nonrecurring Special Need Payments (Continued)

- .32 An AU is ineligible to receive a nonrecurring special need payment if it has over \$100 in nonexempt liquid resources with the exception of funds deposited in a restricted account described in Section 42-213.231. (Continued)

Authority Cited: Sections 10553, 10554, 10604, 11209, and 11450(f) and (g), Welfare and Institutions Code.

Reference: Sections 11056, 11155.2(a), 11265.1, 11265.2, 11265.3, 11266(a)(2), 11271, 11272, 11273, and 11273(b), 11450(a)(1), (b), ~~and~~ (c), and (f), 11450(f)(2)(A)(i), 11450(f)(2)(B), 11450(f)(2)(C), 11450(f)(2)(E)(i), (ii), (iii), (v), and (vi), 11450.5, 11452.018(a), and 11453.2, Welfare and Institutions Code; 45 CFR 206.10(a)(1)(ii), 45 CFR 206.10(a)(8), 45 CFR 233.10(a)(1)(iv), 45 CFR 233.20(a)(2)(v)(A), 45 CFR 234.11, 45 CFR 234.60; and 42 U.S.C.A., Section 606(b).

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2012 1005 04N	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2012 OCT -5 P 4: 20
OFFICE OF
ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

California Department of Social Services

For use by Secretary of State only

FILED

In the office of the Secretary of State
of the State of California

NOV 19 2012

At 3:18 O'Clock P M
DEBRA BOWEN, Secretary of StateBy [Signature]
Deputy Secretary of State

AGENCY FILE NUMBER (if any)

ORD# 0312-02

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed ☐ Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) <u>CHILD ABUSE CENTRAL INDEX</u> <u>Amendments to Sections 31-003, 31-021 & 31-501</u> <u>11/15/2012 Per agency</u>	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
---	--

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT AMEND Sections 31-003, 31-021 & 31-501 REPEAL
TITLE(S) MPP	

3. TYPE OF FILING			
☐ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☒ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))		☐ Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
☐ Effective 30th day after filing with Secretary of State	☐ Effective on filing with Secretary of State	☒ §100 Changes Without Regulatory Effect	☐ Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☐ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify) _____		

7. CONTACT PERSON Zaid Dominguez	TELEPHONE NUMBER 916-657-2586	FAX NUMBER (Optional) 916-654-3286	E-MAIL ADDRESS (Optional) Zaid.Dominguez@dss.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

Pat Leary, Chief Deputy Director

10/2/2012

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

NOV 16 2012

Office of Administrative Law

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code §11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations
Gov. Code - Government Code
SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Amend Section 31-003 to read:

31-003 DEFINITIONS –FORMS (Continued)

31-003

(s) (1) (Continued)

- (2) SOC 832 (Rev. ~~3/10~~3/12) Notice of Child Abuse Central Index Listing, hereby incorporated by reference, is used for the purpose of notifying individuals that their name has been submitted to the Department of Justice (DOJ) for listing on the Child Abuse Central Index (CACI).
- (3) SOC 833 (Rev. ~~3/10~~3/12) Grievance Procedures for Challenging Reference to the Child Abuse Central Index, hereby incorporated by reference, is used for the purpose of informing individuals of the requirements for requesting a grievance hearing, as well as providing information regarding timeframes and all required components of a grievance hearing. (Continued)

Authority cited: Sections 10553, 10554, and 10850.4, Welfare and Institutions Code.

Reference: Gomez v. Saenz Settlement Agreement and Court Order, Case No: BC284896; Section 11169, Penal Code and Sections 827 and 10850.4, Welfare and Institutions Code and 42 USC 5106.

Amend Section 31-021 to read:

31-021 CHILD ABUSE CENTRAL INDEX (CACI) GRIEVANCE PROCEDURES
(Continued)

.31 A grievance hearing request shall be denied when a court of competent jurisdiction has determined that the suspected child abuse and/or severe neglect has occurred, or when the allegation of child abuse and/or severe neglect resulting in the referral to CACI is pending before the court.

.311 (Continued)

.312 (Continued)

.4 (Continued)

.44 The county may resolve a grievance at any point by changing a finding of ~~inconclusive or substantiated~~ child abuse and/or severe neglect to unfounded a finding that is not substantiated and notifying the DOJ of the need to remove the individual's name from the CACI.

.5 (Continued)

.6 (Continued)

.7 (Continued)

.8 (Continued)

.81 The grievance review officer shall make a determination based upon the evidence presented at the grievance hearing, whether the allegation of child abuse and/or severe neglect is ~~unfounded, inconclusive, or substantiated~~ as defined by the Penal Code Section 11165.12.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Gomez v. Saenz Settlement Agreement and Court Order, Case No: BC284896; Sections 11165.12, 11166(g) and 11167, Penal Code and Sections 827, 10850, and 16503, Welfare and Institutions Code.

Amend Section 31-501 to read:

31-501 CHILD ABUSE AND NEGLECT REPORTING REQUIREMENTS
(Continued)

- .4 The county shall submit a report to the Department of Justice (DOJ) pursuant to Penal Code Section 11169 of every case it actively investigates of known or suspected child abuse that it has determined to be ~~inconclusive or~~ substantiated as defined in Penal Code Section 11165.2.

.41 (Continued)

- .42 The county shall not submit a report to the DOJ for referrals it investigates and that are determined to be ~~unfounded~~ not substantiated.

.43 (Continued)

HANDBOOK BEGINS HERE

~~.431—The California Code of Regulations, Title 11, Standard Reporting Form for Reports of Child Abuse Maintained in the Automated Child Abuse System (ACAS) states:~~

- (a) ~~The “Child Abuse Summary Report: Form BCIA 8583 is the standard reporting form required to report investigative summaries of suspected incidents of child abuse and severe neglect to ACAS. Reporting agencies shall submit Form BCIA 8583 to DOJ after an active investigation has been conducted and the incident has been determined not to be unfounded. Reporting agencies must obtain and use the most recent version of the BCIA 8583 when submitting the report to DOJ.” The BCIA 8583 form is maintained by DOJ and may be obtained by contacting that department.~~
HANDBOOK ENDS HERE

.5 (Continued)

- .51 The completed SOC 832, as found in Section 31-003(s)(2), notification that the county has completed an investigation of suspected child abuse and/or severe neglect, which the county has determined to be ~~either inconclusive or~~ substantiated, and has submitted the individual's name to the DOJ for listing on the CACI.

.6 (Continued)

- .7 Where the county's substantiated finding of ~~inconclusive or substantiated~~ for abuse and/or severe neglect is changed to ~~unfounded~~ a finding that is not substantiated as a result of the grievance hearing or internal review, or a judicial determination of factual

innocence of all the investigated allegations that supported the county's decision to refer the individual's name to the DOJ for listing on CACI, the county shall within five business days submit to the DOJ a revised DOJ form BCIA 8583 containing the change in finding.

- .71 Where the county's substantiated finding ~~of inconclusive or substantiated for~~ child abuse and/or severe neglect is changed to a finding ~~other than of unfounded~~ that is not substantiated as a result of the grievance hearing, the county shall within five business days submit to the DOJ a revised Form BCIA 8583 containing the change in finding.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Gomez v. Saenz Settlement Agreement and Court Order, Case No: BC284896 and Sections 11165.12, 11165.5, 11165.6, 11166, 11166.1, 11166.2, 11166.3, 11169, and 11170(b)(1), Penal Code.

NOTICE OF CHILD ABUSE CENTRAL INDEX LISTING

NAME OF ALLEGED SUSPECT

severe

COUNTY OF

severe

The _____ County Child Welfare Services agency has completed an investigation of alleged child abuse or neglect and determined that the allegations of abuse or neglect are ~~either inconclusive or substantiated~~. Pursuant to Penal Code Section 11169(b), this is notice that the finding of ~~inconclusive or substantiated~~ abuse or neglect was sent to the California Department of Justice (DOJ) for inclusion in the Child Abuse Central Index (CACI). The CACI contains certain information that enables authorized entities to locate investigations of alleged child abuse or neglect conducted by county child welfare departments.

severe

Law enforcement agencies, court investigators, probation departments and district attorneys may use the CACI when investigating allegations of child abuse or neglect. The CACI is also used by licensing agencies and county welfare agencies to investigate persons who apply for licenses to care for children. If any of these agencies receive information from the CACI that there was a prior investigation of child abuse or neglect, they are required to investigate the child abuse or neglect allegation(s).

REPORTS OF SUSPECTED CHILD ABUSE MAINTAINED BY DOJ ARE CONFIDENTIAL AND MAY ONLY BE DISCLOSED TO STATUTORILY AUTHORIZED PARTIES (PENAL CODE SECTION 11167.5).

The County has determined that the allegation of child abuse or neglect against you is:

☐ Inconclusive

or

☐ Substantiated

Substantiated

severe

An inconclusive finding is defined by Penal Code Section 11165.12(c) to mean that the investigator who conducted the investigation determined that the allegation of abuse or neglect was not unfounded but there is insufficient evidence to determine whether child abuse or neglect has occurred.

A substantiated finding is defined by Penal Code section 11165.12(b) to mean that the investigator who conducted the investigation determined that, based upon the evidence, it was more likely than not that child abuse or neglect occurred.

The term child abuse and neglect is defined by Penal Code section 11165.6. This determination is based on the following information discovered during the investigation:

NAME OF ALLEGED VICTIM(S):

DATE(S) AND LOCATION(S) THE ALLEGED ABUSE OR NEGLECT OCCURRED:

THE SPECIFIC ACT(S) OF ABUSE OR NEGLECT ALLEGED AGAINST YOU IS/ARE AS FOLLOWS:

REFERRAL NUMBER:

No action on your part is required at this time. However, if you want to challenge your listing on the CACI, you must complete the enclosed Request for Grievance Hearing form, and mail it to the following address:

investigation.

or employment

in licensed facilities.

severe

You must mail the completed Request for Grievance Hearing form no later than 30 days from the date of this notice. As part of the grievance hearing procedures, you may inspect all records and evidence related to investigation of the referral, except for information made otherwise confidential by law. This information may be requested by checking the box under the signature line of the Request for Grievance Hearing form. For more information, you can contact:

COUNTY STAFF PERSON:

PHONE

DATED

()

SOC 832 (3/98)

(03/12)

NOTICE OF CHILD ABUSE CENTRAL INDEX LISTING

NAME OF ALLEGED SUSPECT

COUNTY OF

The _____ County Child Welfare Services agency has completed an investigation of alleged child abuse or severe neglect and determined that the allegations of abuse or severe neglect are substantiated. Pursuant to Penal Code Section 11169(b), this is notice that the finding of substantiated abuse or severe neglect was sent to the California Department of Justice (DOJ) for inclusion in the Child Abuse Central Index (CACI). The CACI contains certain information that enables authorized entities to locate investigations of alleged child abuse or severe neglect conducted by county child welfare departments.

Law enforcement agencies, court investigators, probation departments and district attorneys may use the CACI when investigating allegations of child abuse or neglect. The CACI is also used by licensing agencies and county welfare agencies to investigate persons who apply for licenses or employment to care for children in licensed facilities. If any of these agencies receive information from the CACI that there was a prior investigation of child abuse or severe neglect, they are required to conduct an independent review of the child abuse or severe neglect investigation.

REPORTS OF SUSPECTED CHILD ABUSE MAINTAINED BY DOJ ARE CONFIDENTIAL AND MAY ONLY BE DISCLOSED TO STATUTORILY AUTHORIZED PARTIES (PENAL CODE SECTION 11167.5)

The County has determined that the allegation of child abuse or severe neglect against you is substantiated

A substantiated finding is defined by Penal Code section 11165.12(b) to mean that the investigator who conducted the investigation determined that, based upon the evidence, it was more likely than not that child abuse or neglect occurred.

The term child abuse and neglect is defined by Penal Code section 11165.6. This determination is based on the following information discovered during the investigation:

NAME OF ALLEGED VICTIM(S):

DATE(S) AND LOCATION(S) THE ALLEGED ABUSE OR NEGLECT OCCURRED:

THE SPECIFIC ACT(S) OF ABUSE OR NEGLECT ALLEGED AGAINST YOU IS/ARE AS FOLLOWS:

REFERRAL NUMBER:

No action on your part is required at this time. However, if you want to challenge your listing on the CACI, you must complete the enclosed Request for Grievance Hearing form, and mail it to the following address:

You must mail the completed Request for Grievance Hearing form no later than 30 days from the date of this notice. As part of the grievance hearing procedures, you may inspect all records and evidence related to investigation of the referral, except for information made otherwise confidential by law. This information may be requested by checking the box under the signature line of the Request for Grievance Hearing form. For more information, you can contact:

COUNTY STAFF PERSON:

PHONE

DATED

GRIEVANCE PROCEDURES FOR CHALLENGING REFERENCE TO THE CHILD ABUSE CENTRAL INDEX

1. Within five (5) business days of submitting an individual's name to the Department of Justice (DOJ) for listing on the Child Abuse Central Index (CACI), the following forms shall be sent to the individual at his/her last known address:
 - a. The Notice of Child Abuse Central Index Listing (SOC 832),
 - b. Grievance Procedures for Challenging Reference to the Child Abuse Central Index (SOC 833), and
 - c. Request for Grievance Hearing (SOC 834).
2. An individual wishing to challenge his/her listing on the CACI may request a grievance hearing pursuant to the following procedure. This does not preclude the county from initiating an internal investigation to address or rectify the matter identified in the request for grievance, prior to the hearing.
 - a. The individual wishing to challenge his/her listing on the CACI shall send by U.S. mail, fax, or in person, a completed SOC 834 form or a written request for grievance hearing, signed by the complainant that includes the referral number, name of county, complete contact information, date of birth, a reason for grievance which the individual believes provides a basis for reversal of the county decision, and if represented, the name and contact information for the representative.
 - b. The request must be received by the county within thirty (30) calendar days of the date of notice. Failure to send the completed SOC 834 form, or written request, within the prescribed timeframe shall constitute a waiver of the right to a grievance hearing.
 - c. An individual is deemed aware of the county decision when the county mails the notification to the individual's last known address or any other address known by the county where the notice and request for grievance are most likely to be received by the individual.
 - d. For individuals to whom no prior notification was mailed regarding his/her submission to the CACI, the individual shall file the completed SOC 834 form within thirty (30) calendar days of becoming aware that he/she is listed in the CACI and becoming aware of the grievance process.
 - e. When an individual requests, the county shall assist the individual in the completion of the SOC 834 form or written request for grievance hearing.
3. The following grievance hearing procedures shall only apply for challenges to county submission for listing individuals on the CACI.
 - a. A grievance hearing request shall be denied when a court of competent jurisdiction has determined that the suspected child abuse and/or neglect has occurred, or when the allegation of child abuse and/or neglect resulting in the referral to CACI is pending before the court. severe 4. severe
 - b. If the information in 3 (a) no longer applies, a complainant (an individual wishing to challenge his/her listing on the CACI) can submit the completed SOC 834 form, or written request, within thirty (30) calendar days of the conclusion of the judicial matter to request a grievance hearing.
 - c. The grievance hearing shall be scheduled within ten (10) business days and held no later than sixty (60) calendar days from the date the request for grievance is received by the county, unless otherwise agreed to by the complainant and the county.
 - d. Notice of the date, time, and place of the grievance hearing shall be mailed by the county to the complainant at least thirty (30) calendar days before the grievance hearing is scheduled, unless otherwise agreed to by the complainant and the county.
 - e. The complainant may have an attorney or other representative present at the hearing to assist him/her.
 - f. Either party may request a continuance of the grievance hearing not to exceed ten (10) business days. Additional continuance or dismissal of the hearing shall be granted with mutual agreement of all parties involved or for good cause.
 - g. The county may resolve a grievance at any point by changing a finding of ~~inconclusive or~~ substantiated child abuse and/or neglect to unfounded and notifying the DOJ of the need to remove the complainant's name from the CACI.
4. The grievance review officer conducting the grievance hearing shall be:
 - a. A staff or other person not directly involved in the decision, or in the investigation of the action or finding, that is the subject of the grievance hearing. severe
 - b. Neither a co-worker nor a person directly in the chain of supervision of any of the persons involved in the finding, or in the investigation of the action or finding, that is the subject of the grievance hearing unless the grievance review officer is the director or chief deputy director of the county.
 - c. A staff or other person who is knowledgeable of the child welfare services field, capable of objectively reviewing case information pertaining to the grievance, able to conduct a fair and impartial hearing, and available to prepare the proposed decision.
5. The grievance review officer shall voluntarily disqualify him/herself and withdraw from any proceeding in which he/she cannot give a fair and impartial hearing or in which he/she has an interest.
 - a. A claimant may request at any time prior to the close of the record, that the grievance review officer be disqualified upon the grounds that a fair and impartial hearing cannot be held or a decision cannot be rendered. Such request shall be ruled upon by the grievance review officer prior to the close of the record.
 - b. If, at the beginning or during the hearing, the grievance review officer upholds a party's motion for disqualification, the matter shall be postponed.
6. If the grievance review officer who heard the case is unavailable to prepare the proposed decision, the county director or his/her designee shall contact the claimant and the county and notify each party that the case is being assigned to another grievance hearing officer for preparation of the decision on the record.
 - a. The notice shall inform the claimant that he/she may elect to have a new grievance hearing held in the matter, provided that he/she agrees to waive the ten (10) day or sixty (60) day period.
 - b. A grievance review officer shall be considered unavailable within the meaning of this section if he/she: is incapacitated; has ceased employment as a grievance review officer; or is disqualified under section 5, above.

GRIEVANCE PROCEDURES FOR CHALLENGING REFERENCE TO THE CHILD ABUSE CENTRAL INDEX

7. The grievance review hearing shall, to the extent possible, be conducted in a non-adversarial environment.
8. The county, complainant, and his/her representatives, if any, shall be permitted to examine all records and relevant evidence that is not otherwise made confidential by law, which the opposing party intends to introduce at the grievance hearing.
 - a. The county and the complainant shall make available for inspection all records and evidence related to the original referral that prompted the CACI listing, except for information that is otherwise made confidential by law, at least ten (10) business days prior to the hearing.
 - b. The county shall redact such names and personal identifiers from the records and other evidence as required by law and to protect the identity, health, and safety of those mandated reporters of suspected child abuse and/or neglect pursuant to Penal Code section 11167. The county may further redact information regarding the mandated reporter's observations of the evidence indicating child abuse and/or neglect.
 - c. **severe** The county shall release disclosable information to the complainant's attorney or representative only if the complainant has provided the county with a signed consent to do so.
 - d. Witness lists shall be available for exchange in advance of the hearing. The county and the complainant shall provide a list of witnesses they intend to call at the grievance hearing at least ten (10) business days prior to the grievance hearing.
 - e. Failure to disclose evidence or witness lists in advance of the grievance hearing can constitute grounds for objecting to consideration of the evidence or allowing testimony of a witness during the hearing.
 - f. Each party and their attorney or representative, and witnesses while testifying, shall be the only persons authorized to be present during the grievance hearing unless all parties and the grievance review officer consent to the presence of other persons.
 - g. The information disclosed at the grievance hearing may not be used for any other purpose. No information presented at the grievance hearing shall be disclosed to any person other than those directly involved in the matter, unless otherwise required by law. Any records and other evidence disclosed by the county to the complainant or the complainant's representative shall be returned to the county at the conclusion of the hearing.
9. All testimony shall be given under oath or affirmation.
 - a. The grievance review officer has no subpoena power. However, the parties may call witnesses to the hearing and question the witnesses called by the other party. The grievance review officer may limit the questioning of the witness to protect the witness from unwarranted embarrassment, oppression, or harassment.
 - b. The grievance review officer may prevent the presence and/or examination of a child at the grievance hearing for good cause, including but not limited to, protecting the child from trauma or to protect his/her health, safety, and/or well-being.
 - c. The grievance review officer may permit the testimony and/or presence of a child only if the child's participation in the grievance hearing is voluntary and the child is capable of providing voluntary consent.
 - d. The grievance review officer may interview the child outside the presence of county staff, complainant, and/or any other party in order to determine whether the participation of the child is voluntary or whether good cause exists for preventing the child from being present or testifying at the grievance hearing.
 - e. The county employee(s) who conducted the investigation that is the subject of the grievance hearing shall be present at the hearing if that person is employed by the county and is available to participate in the grievance hearing. A conflict in work assignments shall not render the county employee who conducted the investigation unavailable to participate in the hearing.
 - f. The county shall first present its evidence supporting its action or findings that are the subject of the grievance. The complainant will then provide evidence supporting his/her claim that the county's decision should be withdrawn or changed. The county shall then be allowed to present rebuttal evidence in further support of its finding. Thereafter, the grievance review officer may, at his/her discretion, allow the parties to submit any additional evidence as may be warranted to fully evaluate the matter under review.
 - g. The grievance review officer shall have the authority to continue to review for a period not to exceed ten (10) calendar days if additional evidence or witnesses are necessary to make a determination on the issue.
10. The county shall have the proceedings of the grievance hearing audio recorded as part of the official administrative record. The county shall possess and maintain the administrative record of the grievance hearing.
 - a. The complainant or the complainant's attorney and/or representative shall be entitled to inspect the recording and any transcripts made thereof; however, the county shall keep possession of the recording and transcript and its contents will remain under seal.
 - b. Where the complainant seeks to inspect the transcript, the costs for transcribing a recording of the hearing shall be assessed to the complainant.
 - c. The county shall lodge the administrative record with the court if any party seeks judicial review of the final decision of the county director.
11. Grievance hearing decisions shall be rendered as follows:
 - a. The grievance review officer shall make a determination based upon the evidence presented at the grievance hearing, whether the allegation of child abuse and/or neglect is unfounded, inconclusive, or substantiated as defined by the Penal Code section 11165.12.
 - b. The grievance review officer shall render a written recommended decision within thirty (30) calendar days of the completion of the grievance hearing. The decision shall contain a summary statement of facts, the issues involved, findings, and the basis for the decision. The county director shall issue a final written decision adopting, rejecting, or modifying the recommended decision within ten (10) business days after the recommended decision is rendered. The final written decision shall explain why a recommended decision was rejected or modified by the county director.
 - c. A copy of the recommended and final decision shall be sent to the following:
 - i. The complainant that requested the grievance hearing;
 - ii. The complainant's attorney or representative, if any; and
 - iii. The California Department of Social Services.
 - d. **severe** If the complainant chooses to challenge the final decision of the county director, the evidence and information disclosed at the grievance hearing may be part of an administrative record for a writ of mandate and kept confidential.
 - e. The administrative record shall be kept confidential, including if any of the parties request that it be filed with the court under seal.
 - f. The grievance hearing administrative record shall be retained for a length of time consistent with current law, regulations, or judicial order which governs the retention of the underlying record, but not less than one year from the decision date in any circumstance, and shall include all records accepted as evidence at the hearing.

GRIEVANCE PROCEDURES FOR CHALLENGING REFERENCE TO THE CHILD ABUSE CENTRAL INDEX

1. Within five (5) business days of submitting an individual's name to the Department of Justice (DOJ) for listing on the Child Abuse Central Index (CACI), the following forms shall be sent to the individual at his/her last known address:
 - a. The Notice of Child Abuse Central Index Listing (SOC 832),
 - b. Grievance Procedures for Challenging Reference to the Child Abuse Central Index (SOC 833), and
 - c. Request for Grievance Hearing (SOC 834).
2. An individual wishing to challenge his/her listing on the CACI may request a grievance hearing pursuant to the following procedure. This does not preclude the county from initiating an internal investigation to address or rectify the matter identified in the request for grievance, prior to the hearing.
 - a. The individual wishing to challenge his/her listing on the CACI shall send by U.S. mail, fax, or in person, a completed SOC 834 form or a written request for grievance hearing, signed by the complainant that includes the referral number, name of county, complete contact information, a reason for grievance which the individual believes provides a basis for reversal of the county decision, and if represented, the name and contact information for the representative.
 - b. The request must be received by the county within thirty (30) calendar days of the date of notice. Failure to send the completed SOC 834 form, or written request, within the prescribed timeframe shall constitute a waiver of the right to a grievance hearing.
 - c. An individual is deemed aware of the county decision when the county mails the notification to the individual's last known address or any other address known by the county where the notice and request for grievance are most likely to be received by the individual.
 - d. For individuals to whom no prior notification was mailed regarding his/her submission to the CACI, the individual shall file the completed SOC 834 form within thirty (30) calendar days of becoming aware that he/she is listed in the CACI and becoming aware of the grievance process.
 - e. When an individual requests, the county shall assist the individual in the completion of the SOC 834 form or written request for grievance hearing.
3. The following grievance hearing procedures shall only apply for challenges to county submission for listing individuals on the CACI.
 - a. A grievance hearing request shall be denied when a court of competent jurisdiction has determined that the suspected child abuse and/or severe neglect has occurred, or when the allegation of child abuse and/or severe neglect resulting in the referral to CACI is pending before the court.
 - b. If the information in 3 (a) no longer applies, a complainant (an individual wishing to challenge his/her listing on the CACI) can submit the completed SOC 834 form, or written request, within thirty (30) calendar days of the conclusion of the judicial matter to request a grievance hearing.
 - c. The grievance hearing shall be scheduled within ten (10) business days and held no later than sixty (60) calendar days from the date the request for grievance is received by the county, unless otherwise agreed to by the complainant and the county.
 - d. Notice of the date, time, and place of the grievance hearing shall be mailed by the county to the complainant at least thirty (30) calendar days before the grievance hearing is scheduled, unless otherwise agreed to by the complainant and the county.
 - e. The complainant may have an attorney or other representative present at the hearing to assist him/her.
 - f. Either party may request a continuance of the grievance hearing not to exceed ten (10) business days. Additional continuance or dismissal of the hearing shall be granted with mutual agreement of all parties involved or for good cause.
 - g. The county may resolve a grievance at any point by changing a finding of substantiated child abuse and/or severe neglect to inconclusive or unfounded and notifying the DOJ of the need to remove the complainant's name from the CACI.
4. The grievance review officer conducting the grievance hearing shall be:
 - a. A staff or other person not directly involved in the decision, or in the investigation of the action or finding, that is the subject of the grievance hearing.
 - b. Neither a co-worker nor a person directly in the chain of supervision of any of the persons involved in the finding, or in the investigation of the action or finding, that is the subject of the grievance hearing unless the grievance review officer is the director or chief deputy director of the county.
 - c. A staff or other person who is knowledgeable of the child welfare services field, capable of objectively reviewing case information pertaining to the grievance, able to conduct a fair and impartial hearing, and available to prepare the proposed decision.
5. The grievance review officer shall voluntarily disqualify him/herself and withdraw from any proceeding in which he/she cannot give a fair and impartial hearing or in which he/she has an interest.
 - a. A claimant may request at any time prior to the close of the record, that the grievance review officer be disqualified upon the grounds that a fair and impartial hearing cannot be held or a decision cannot be rendered. Such request shall be ruled upon by the grievance review officer prior to the close of the record.
 - b. If, at the beginning or during the hearing, the grievance review officer upholds a party's motion for disqualification, the matter shall be postponed.
6. If the grievance review officer who heard the case is unavailable to prepare the proposed decision, the county director or his/her designee shall contact the claimant and the county and notify each party that the case is being assigned to another grievance hearing officer for preparation of the decision on the record.
 - a. The notice shall inform the claimant that he/she may elect to have a new grievance hearing held in the matter, provided that he/she agrees to waive the ten (10) day or sixty (60) day period.
 - b. A grievance review officer shall be considered unavailable within the meaning of this section if he/she: is incapacitated; has ceased employment as a grievance review officer; or is disqualified under section 5, above.
7. The grievance review hearing shall, to the extent possible, be conducted in a non-adversarial environment.

GRIEVANCE PROCEDURES FOR CHALLENGING REFERENCE TO THE CHILD ABUSE CENTRAL INDEX

8. The county, complainant, and his/her representatives, if any, shall be permitted to examine all records and relevant evidence that is not otherwise made confidential by law, which the opposing party intends to introduce at the grievance hearing.
 - a. The county and the complainant shall make available for inspection all records and evidence related to the original referral that prompted the CACI listing, except for information that is otherwise made confidential by law, at least ten (10) business days prior to the hearing.
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 - d. Witness lists shall be available for exchange in advance of the hearing. The county and the complainant shall provide a list of witnesses they intend to call at the grievance hearing at least ten (10) business days prior to the grievance hearing.
 - e. Failure to disclose evidence or witness lists in advance of the grievance hearing can constitute grounds for objecting to consideration of the evidence or allowing testimony of a witness during the hearing.
 - f. Each party and their attorney or representative, and witnesses while testifying, shall be the only persons authorized to be present during the grievance hearing unless all parties and the grievance review officer consent to the presence of other persons.
 - g. The information disclosed at the grievance hearing may not be used for any other purpose. No information presented at the grievance hearing shall be disclosed to any person other than those directly involved in the matter, unless otherwise required by law. Any records and other evidence disclosed by the county to the complainant or the complainant's representative shall be returned to the county at the conclusion of the hearing.
9. All testimony shall be given under oath or affirmation.
 - a. The grievance review officer has no subpoena power. However, the parties may call witnesses to the hearing and question the witnesses called by the other party. The grievance review officer may limit the questioning of the witness to protect the witness from unwarranted embarrassment, oppression, or harassment.
 - b. The grievance review officer may prevent the presence and/or examination of a child at the grievance hearing for good cause, including but not limited to, protecting the child from trauma or to protect his/her health, safety, and/or well-being.
 - c. The grievance review officer may permit the testimony and/or presence of a child only if the child's participation in the grievance hearing is voluntary and the child is capable of providing voluntary consent.
 - d. The grievance review officer may interview the child outside the presence of county staff, complainant, and/or any other party in order to determine whether the participation of the child is voluntary or whether good cause exists for preventing the child from being present or testifying at the grievance hearing.
 - e. The county employee(s) who conducted the investigation that is the subject of the grievance hearing shall be present at the hearing if that person is employed by the county and is available to participate in the grievance hearing. A conflict in work assignments shall not render the county employee who conducted the investigation unavailable to participate in the hearing.
 - f. The county shall first present its evidence supporting its action or findings that are the subject of the grievance. The complainant will then provide evidence supporting his/her claim that the county's decision should be withdrawn or changed. The county shall then be allowed to present rebuttal evidence in further support of its finding. Thereafter, the grievance review officer may, at his/her discretion, allow the parties to submit any additional evidence as may be warranted to fully evaluate the matter under review.
 - g. The grievance review officer shall have the authority to continue to review for a period not to exceed ten (10) calendar days if additional evidence or witnesses are necessary to make a determination on the issue.
10. The county shall have the proceedings of the grievance hearing audio recorded as part of the official administrative record. The county shall possess and maintain the administrative record of the grievance hearing.
 - a. The complainant or the complainant's attorney and/or representative shall be entitled to inspect the recording and any transcripts made thereof; however, the county shall keep possession of the recording and transcript and its contents will remain under seal.
 - b. Where the complainant seeks to inspect the transcript, the costs for transcribing a recording of the hearing shall be assessed to the complainant.
 - c. The county shall lodge the administrative record with the court if any party seeks judicial review of the final decision of the county director.
11. Grievance hearing decisions shall be rendered as follows:
 - a. The grievance review officer shall make a determination based upon the evidence presented at the grievance hearing, whether the allegation of child abuse and/or severe neglect is unfounded, inconclusive, or substantiated as defined by the Penal Code section 11165.12.
 - b. The grievance review officer shall render a written recommended decision within thirty (30) calendar days of the completion of the grievance hearing. The decision shall contain a summary statement of facts, the issues involved, findings, and the basis for the decision. The county director shall issue a final written decision adopting, rejecting, or modifying the recommended decision within ten (10) business days after the recommended decision is rendered. The final written decision shall explain why a recommended decision was rejected or modified by the county director.
 - c. A copy of the recommended and final decision shall be sent to the following:
 - i. The complainant that requested the grievance hearing;
 - ii. The complainant's attorney or representative, if any; and
 - iii. The California Department of Social Services.
 - d. If the complainant chooses to challenge the final decision of the county director, the evidence and information disclosed at the grievance hearing may be part of an administrative record for a writ of mandate and kept confidential.
 - e. The administrative record shall be kept confidential, including if any of the parties request that it be filed with the court under seal.
 - f. The grievance hearing administrative record shall be retained for a length of time consistent with current law, regulations, or judicial order which governs the retention of the underlying record, but not less than one year from the decision date in any circumstance, and shall include all records accepted as evidence at the hearing.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

CERT

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2012-0627-03	REGULATORY ACTION NUMBER 2012-1109-01C	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2012 NOV -9 AM 10:14

OFFICE OF
ADMINISTRATIVE LAW

FILED

In the office of the Secretary of State
of the State of California

NOV 29 2012

At 12:48 O'Clock P M.
DEBRA BOWEN, Secretary of StateBy [Signature]
Deputy Secretary of State

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

California Department of Social Services

AGENCY FILE NUMBER (If any)

ORD #0312-01

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2012-28-2	PUBLICATION DATE 7/13/12

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) AB98 Subsidized Employment as amended by SB72 and AB106 (CalWORKs)	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2012-0619-02EFP
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND Sections 41-440, 42-716, 42-717, and 44-207
	REPEAL
TITLE(S) MPP	

3. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code §11346)	☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)		☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☐ Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)
N/A

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

☐ Effective 30th day after filing with Secretary of State	☒ Effective on filing with Secretary of State	☐ §100 Changes Without Regulatory Effect	☐ Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify) _____		

7. CONTACT PERSON

Zaid Dominguez, Manager, Office of Regulations	TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) Zaid.Dominguez@dss.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

[Signature]
TYPED NAME AND TITLE OF SIGNATORY
Pat Leary, Chief Deputy Director

10/31/12

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

NOV 29 2012

Office of Administrative Law

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for re adoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations
Gov. Code - Government Code
SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Amend Section 41.440.22 to read:

41-440 UNEMPLOYED PARENT PROGRAM (Continued)

41-440

.2 Requirements to be Met in Order to Establish Deprivation Due to Unemployment

To establish deprivation due to unemployment, the following requirements shall be met;
(Continued)

.22 The principal earner shall have worked less than 100 hours (Section 41-440.1(a)) during the four-week period prior to the date of eligibility for cash aid based on unemployment deprivation. The four-week period shall be adjusted daily to determine the four-week period in which the applicant principal earner worked less than 100 hours. (See Handbook Section below.)

.221 An individual who applies for CalWORKs after leaving aid due to AB 98 subsidized employment income as described in Sections 42-716.811(a) and 42-716.813(a), shall be considered a current recipient for the purpose of establishing unemployment deprivation if he or she applies within three calendar months of the subsidized employment ending.

(a) During the three calendar month period after the subsidized employment ends, the 100-hour work rule as described in Section 41-440.22 shall not apply.

(b) If an individual applies for CalWORKs after this three-month period has passed, he or she shall be considered an applicant for the purpose of establishing unemployment deprivation as described in Section 41-440.22, and the 100-hour work rule will apply. (See Handbook Section below.)

HANDBOOK BEGINS HERE

.222 EXAMPLE:

An applicant principal earner was laid off on April 13th and worked a total of 40 hours in April and 40 hours per week in March. The family applied for aid on April 14th. The original four-week period would be from March 17th through April 13th. Since the PE worked 120 hours during this four-week period, a new four-week period would need to be identified.

March 18th through April 14th = 112 hours

March 19th through April 15th = 104 hours

March 20th through April 16th = 96 hours

The qualifying four-week period in which the PE worked less than 100 hours would be from March 20th through April 16th. The beginning date of aid for this family would be April 17th, if otherwise eligible.

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.23 (Continued)

Authority cited: Sections 10553, 10554, 10604, 11209, and 11450(g), Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10604, 11201, 11201.5, 11270, and 11322.63(b), Welfare and Institutions Code; and 45 CFR 233.10(a)(1), 233.100(a)(5), and 250.30(b); Family Support Act of 1988, Public Law (PL) 100-485, October 13, 1988; Family Support Administration Action Transmittal 91-15 (FSA-AT-91-15), dated April 23, 1991; and Omnibus Budget Reconciliation Act (OBRA) of 1990, Section 5061.

Amend Section 42-716 to read:

42-716 WELFARE-TO-WORK ACTIVITIES (Continued)

42-716

.8 Assembly Bill (AB) 98 Subsidized Employment

.81 Eligibility for entry into AB 98 subsidized employment under this section shall be limited to individuals who are not otherwise employed at the time of entry into the subsidized employment, and who meet one of the following criteria:

.811 Aided CalWORKs recipients participating in the welfare-to-work Program.

(a) These individuals may continue to participate in a county's AB 98 subsidized employment program if the family becomes ineligible for CalWORKs aid due to AB 98 subsidized employment income.

.812 Individuals in welfare-to-work sanction status as described in Section 42-721 who will cure their sanctions through AB 98 subsidized employment participation.

(a) AB 98 participants who cure their sanctions through AB 98 subsidized employment must maintain compliance with welfare-to-work requirements to continue in an AB 98 subsidized employment position.

.813 Individuals who have exceeded CalWORKs time limits and are receiving Safety Net benefits for their eligible children as defined in Section 42-302.1.

(a) These individuals may continue to participate in a county's AB 98 subsidized employment program if the family becomes ineligible for CalWORKs Safety Net benefits due to AB 98 subsidized employment income.

.82 AB 98 wage subsidies are limited to a maximum of six months for each participant.

.821 Upon entry into AB 98 subsidized employment, a Welfare-to-Work client shall participate in an AB 98 subsidized employment placement for no longer than six months.

(a) In order to mutually benefit the employer and the participant, AB 98 subsidized employment placements can be extended up to six additional months for up to a total of 12 months.

.83 If provided for in a county plan, the county may provide welfare-to-work services to former recipients whose families become ineligible for CalWORKs due to AB 98 subsidized employment income.

- .831 The county may provide these services for up to the first 12 months of employment, to the extent they are not available from other sources and are needed for the individual to retain the subsidized employment.

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11253.5(b), 11265.1, 11265.2, 11320.3(b)(2), 11322.6, 11322.61, 11322.63, 11322.7, 11322.8, 11322.9, 11323.25, 11324.4, 11324.6(a), 11325.21(a) and (d)(1), 11325.22(b)(1), 11325.7(a), (c), (d), 11325.8(a), (c), (d), and (f), 11326, 11327.5, 11450.5, 11451.5, and 11454, Welfare and Institutions Code; and Section 8358(c)(2), Education Code; 7 U.S.C. 2029(a)(1); 7 U.S.C. 2035; U.S. Department of Labor guidance on FLSA, with attached U.S.D.A., Food and Nutrition Service (FNS) guidance on an SFSP, dated May 22, 1997; Simplified Food Stamp Program approval letters from FNS to implement the provisions of an SFSP, dated May 5, 2000 and August 3, 2000.

Amend Section 42-717 to read:

42-717 JOB RETENTION SERVICES (Continued)

42-717

- .3 The CWD may provide services to employed former recipients under Section 42-717 whether or not the former recipients have exhausted their CalWORKs 48-month time limits. (Continued)
- .7 If the county provides services to the recipient after the 48-month limit has been reached, the recipient shall participate in community service or subsidized employment as described in Section 42-716.8.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11320.15, 11323.2(b), and 11500, Welfare and Institutions Code.

Amend Section 44-207.11 to read:

44-207 INCOME ELIGIBILITY

44-207

.1 The following financial eligibility test shall be applied to applicant cases.

.11 An applicant family shall not be eligible for cash aid unless the family's income, exclusive of the first ninety dollars (\$90) of earned income for each employed person, is less than the Minimum Basic Standard of Adequate Care (MBSAC) for the family.

.111 An individual who applies for CalWORKs after leaving aid due to AB 98 subsidized employment income as described in Sections 42-716.811(a) and 42-716.813(a) shall be considered a current recipient for the purpose of determining CalWORKs financial eligibility.

(a) During the three calendar month period after the subsidized employment ends, the county shall apply the recipient earned income disregards as described in Section 44-111.23.

(b) If an individual applies for CalWORKs after this three-month period has passed, he or she shall be considered an applicant for the purpose of determining CalWORKs financial eligibility as described in Section 44-207.11. (Continued)

.112 (Continued)

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.113 (Continued)

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Authority cited: Sections 10553, 10554, 11450, and 11453, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11017, 11157, 11255, 11265.1, 11265.2, 11265.3, 11280, 11322.63(b), 11450.5, 11450.12, 11450.13, and 11451.5, Welfare and Institutions Code; 45 CFR 206.10(a)(1)(vii); 45 CFR 233.20(a)(2)(i) and (xiii); (a)(3)(ii)(F), (a)(3)(vi)(B), (a)(3)(xiv), and (a)(3)(xiv)(B); and Darces v. Woods (1984) 35 Cal. 3d 871; Petrin v. Carlson Court Order, Case No. 638381, May 12, 1993; Rutan v. McMahon, Case No. 612542-L (Alameda Superior Court) February 19, 1988; Letter from Department of Health and Human Services (DHSS), December 5, 1990; Johnson v. Carlson Stipulated Judgment; Ortega v. Anderson, Case No. 746632-0 (Alameda Superior Court) July 11, 1995; Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994; United States Department of Health and Human Services, Office of Family Assistance, Aid to Families with Dependent Children Action Transmittal No. ACF-AT-95-10 dated September 19, 1995; and Letters from the Department of Health and Human Services, Administration for Children and Families, dated February 29, 1996, March 11, 1996, and March 12, 1996.